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Sida Decentralised Evaluation

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# Evaluation of the Health Economics and HIV and AIDS Research Division (HEARD)

Final Report



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April 2017**

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The views and interpretations expressed in this report are the authors' and do not necessarily reflect those of the Swedish International Development Cooperation Agency, Sida.

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# Foreword

Sida's relationship with The Health Economics and HIV & AIDS Research Division (HEARD) at the University of KwaZulu-Natal dates almost 20 years. While the focus of the institution has broadened beyond Health Economics and HIV & AIDS, to cover a broader spectrum of topics in Sexual and Reproductive Health and Rights, the main objectives of conducting applied research, building research capacity and informing policy remain.

This evaluation of HEARD covers the period from 2010-2016, which is the latest phase of our collaboration. During this period, HEARD has gone through a leadership transition, revised its strategic direction and, during the last year, experienced a turbulent time with unrest and violence at campus as a result of student protests. Sida's objective going into this evaluation has, primarily, been one of learning for the future. For this purpose we asked the evaluators to not only review the performance of HEARD, but also put it into the context of other academic institutions' performance. From this comparison we see that HEARD's academic output (articles, book chapters etc.) has not only been high but it is also frequently cited which is an indication of both quality and relevance of their work. We have also learned that HEARD has developed productive and appreciated partnerships with institutions in the region. In recent years, HEARD has also managed to establish a PhD program with student uptake from sub-Saharan Africa using a bursary model. So the picture emerging from the evaluation is that of an appreciated and effective institution of regional relevance.

At the same time, and despite these successes, it remains difficult for an institute such as HEARD to become financially self-sustained. In particular it is challenging to identify sources for long-term financing of the PhD programme. From Sida's perspective, the difficulty of mobilizing sustained funds to some extent illustrates the role that targeted development assistance for SRHR can, and should, play in the region in order to generate evidence, inform policy and improve accountability in the health system.

The Evaluation has been led by a team from SIPU, using Sida's framework agreement for evaluation services. Sida's regional SRHR team and HEARD have provided input during the evaluation process. We hope that this evaluation also can provide learning for a broader context of capacity building efforts in academia.  
Lusaka May 2017

Dag Sundelin  
Head of the Regional SRHR-Team, Embassy of Sweden in Lusaka

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# Abbreviations and acronyms

CDC	Centres for Disease Control and Prevention
DBE	South Africa Department of Basic Education
DFID	Department for International Development
DVC	Deputy Vice Chancellor
EC	European Commission
ED	Executive Director
GBV	Gender Based Violence
GFATM	Global Fund for TB, AIDS and Malaria
GIZ	Gesellschaft fuer Internationale Zusammenarbeit
HEARD	Health Economics and HIV/AIDS Research Division
HR	Human Resources
IDI	Infectious Diseases Institute
IF	Impact Factor
IHV	Institute of Human Virology
ILO	International Labour Organisation
IOM	International Organisation of Migration
JFA	Joint Funding Arrangement
LGBTI	Lesbian, Gay, Bisexual, Trans, Intersex
MDG	Millennium Development Goals
NGO	Non-Governmental Organization
NIH	National Institutes of Health
NSP	National Strategic Plans
OH	Overhead
RIATT	Regional Inter-Agency Task Team on Children Affected by AIDS
SA	South Africa
SDG	Sustainable Development Goal
SMT	Senior Management Team
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infections
UCT	University of Cape Town
UKZN	University of KwaZulu-Natal
UMB	University of Maryland Baltimore
UNAIDS RST- ESA	UNAIDS Regional Support Team for Eastern and Southern Africa
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNHABITAT	United Nations Human Settlements Programme

## ABBREVIATIONS AND ACRONYMS

USA	United States of America
USAID	United States Agency for International Development
WHC	Wits Health Consortium
WHO	World Health Organisation
WOS	Web of Science



# Acknowledgements

This evaluation was contracted by Sida through the Framework Agreement for Evaluation Services and conducted by the consortium led by FCG SIPU International AB, with partners Itad Ltd and Sthlm Policy Group AB. SIPU led this assignment.

Silke Graeser served as the Team Leader for this evaluation, wrote the scientific research (projects, collaborations) and research capacity-building sections, and contributed to the institutional capacity section and other sections. Anne Buffardi and Matti Tedre wrote the scientific research (outputs, quality, uptake and utilisation) and Anne Buffardi the policy engagement sections. Lennie Bazira Kyomuhangi and Stein-Erik Kruse wrote the institutional and financial capacity section. Kim Forss and Stein-Erik Kruse provided peer review comments, Camille Pellerin research assistance, and Johanna Lindström and other SIPU staff project management and support.

# Executive summary

## **Background and purpose**

This report presents the evaluation of the Health Economics and HIV/AIDS Research Division (HEARD), founded in Durban, South Africa in 1998. HEARD is a regional research institution situated at the University of KwaZulu-Natal, in the College of Law and Management Sciences. Originally its focus was on the health economics of HIV/AIDS, but it has now broadened its reach to include sexual reproductive health and human rights. HEARD's focus is on applied research, generating new knowledge, research capacity-building and providing evidence for policy. Sida provided core funding of 92.5 MSEK from 2010 – 2017; in 2012, additional funds were provided for the establishment of a PhD programme. The current agreement will come to an end in December 2017.

The main purpose of this evaluation is: 1) to assess and analyse HEARD's core support especially considering the organisation's prominence in terms of research outputs and their position in influencing policies; and 2) to gauge HEARD's potential to establish itself as a self-sustaining research centre. Considering the additional funds provided by Sida, the evaluation of the PhD programme will be a part of this evaluation. The evaluation assesses the period from 2010-2016. It will also provide Sida with information regarding possible future funding.

## **Methods**

The evaluation is based on a review of documents and websites, in-person and remote consultations such as key informant interviews with HEARD staff and board members, a focus group with PhD students and graduates, an online survey with research partners and interviews with external stakeholders. Key informants were identified based on two lists provided by HEARD, supplemented with suggestions from interviewees themselves and our own contacts in the field (using the 'snowball' approach). For a bibliometric assessment, impact factor and citation analysis were conducted. Analysis was based on qualitative as well as quantitative methods.

## **Main findings**

### **Scientific research projects and collaborations**

- During the timeframe of the evaluation, 2010-2015, 113 research projects were identified. Over this period, HEARD took on between 10 and 24 new research projects per year (mean: 19). This annual rate was relatively stable, with a small deviation in 2013, in line with the transition period of HEARD's leadership.
- HEARD's research projects gradually broadened in scope during the evaluation period, expanding from HIV and health economics to other topics such as

reproductive and sexual health, and gender and human rights; this expansion stemmed from a shift in HEARD's overall strategy (as it adjusted to changes in the external environment).

- Scientific researchers appreciated the collaboration with HEARD and reported mutual interests and benefits. Even so, administrative issues related to UKZN appear to remain a problem for the proper flow of grant management.

### **Scientific research outputs, quality, uptake and utilisation**

- HEARD is a prolific research centre, particularly relative to the small size of its research staff. From 2010-2015, HEARD published 206 journal articles, books and book chapters, 44 issue/policy/meeting/project briefs, 24 research reports and background papers, and three manuals and toolkits. The majority of articles were published in journals indexed in ISI Web of Science (WoS).
- A citation analysis comparing HEARD with similar bodies in Eastern and Southern Africa shows that HEARD indicates a reasonable number of citations for a small, African-based research unit. Although the bibliometric figures show a lower number of citations for HEARD than the comparison groups, HEARD consistently gets articles published in the top quartile of journals in their respective fields.

### **Engagement and influence on policies and programmes**

- Between 2010 and 2015, HEARD worked with a wide range of institutions and at different levels of governance: global, regional, national and subnational. They operated across multiple phases of the policy process, including agenda-setting, policy formulation, and implementation and evaluation).
- Rather than initiating a new process or action, HEARD more frequently influences the specific context and processes by which decisions are made through bridging sectors, engaging particular actors, brokering their involvement and strengthening the extent to which evidence is considered.
- HEARD's embeddedness in and understanding of the regional context was perceived to give them greater legitimacy than comparable organisations, enabling them to raise difficult issues. Compared to national stakeholders, HEARD was perceived to provide an independent voice.

### **Research capacity building**

- Since 2009, HEARD has created more research capacity for Africa through a PhD programme, with 29 students awarded three-year scholarships. The majority (64%) of those enrolled between 2009-2013 have graduated with 16 PhDs awarded to date; currently 12 PhD students are on HEARD scholarships.
- Over the years of the programme, the geographical scope of the PhD candidates' home countries became broader, now covering 11 African countries, mainly in Southern and Eastern Africa.
- All ten graduates from the 2009 cohort are employed in Africa, working either in research or politics.

- HEARD's research capacity-building programme appears to be well managed overall.
- Monitoring, supervision, and support for the PhD programme seem to have improved over the years, with high levels of satisfaction expressed by PhDs.
- The main problems reported were delays caused by administrative processes within the university, and the amount of funding, which was felt by students to be insufficient.
- In general, the PhD programme outputs are adequate and the quality of the programme is good.

#### **Institutional capacity:**

- HEARD was founded with three staff members and has subsequently grown to an average of 36 staff over the last six years, peaking at 44 in 2013 and declining to 24 by 2016.
- The hiring of Nana Poku as executive director in 2014 led to a strategic shift in HEARD's activities, broadening the scope of topics researched.
- A relatively high proportion of staff are administrators (averaging around a third of HEARD's staff, from a high of 50 per cent in 2011 to a low of 28.2 per cent in 2014).
- HEARD has a limited number of senior researchers/researchers/junior researchers but a relatively large number of research assistants. Consequently, HEARD has a relatively young staff.
- Satisfaction with employment conditions and career-building is high amongst HEARD staff. They are optimistic regarding job prospects, expecting that HEARD will generate more funds in the future. Junior staff and interns in particular viewed working at HEARD as an investment in their career and personal development, and appreciated the practical support and resources, on-the-job learning, and overall support they received from management.

#### **Finances:**

- HEARD's income increased from R 24.474.275 in 2013 to R 30.392.382 in 2015 and is estimated to reach R 37.300.000 in 2016. Income increased in 2014, bouncing back from a -6 percent shrinkage in the previous year, to 32 per cent in 2015 and 23 per cent in 2016. However, HEARD has limited reserves, estimated at R 14.996.740, equivalent to 36 per cent of income in 2015; reserves grew by 36 per cent from 2015 to 2016.
- HEARD has been able to increase its donor income in addition to its core funding; annual non-core income amounted to more than R 8 million in 2015, with an estimate of R 12 million for 2016.
- Non-core funding represented 19 per cent of total income in 2013, declining to 18 per cent in 2014, rising to 28 per cent in 2015, and estimated at 32% of total income in 2016. This increase in non-core funding could reflect the strategic shift of HEARD, starting in 2014. Most non-core income is generated through research and project grants, only a small proportion of (3.4 per cent) resulting from consultancies and training fees.

- Between 2013 and 2016 the contributions by overheads (OHs) increased continuously from R 491,201 to 1,092,871 in 2015; for 2016 they will increase by an estimated R 1,827,240.
- HEARD contributions to UKZN from OH income and subsidies are significant, amounting to more than R 25 million in the past four years (2013-2016). An annual average of R 5,085,712 was raised through HEARD project OHs, publications and graduated PhDs, increasing up to R 8,527,240 for 2016 (equal to 22.9 per cent of total estimated income last year).
- Subsidies for publications were the most profitable source of subsidies for UKZN (at 63% of the total), generating R 4,200,000 on average per year. Income through subsidies for PhDs graduated increased from R 500,000 in 2013 to R 2,500,000 in 2016.
- Inclusion in UKZN administrative structures reduces opportunities for fraud and corruption and provides greater security and transparency in administrative and financial affairs, but it does prolong administrative processes.

## Conclusions

### HEARD's potential as a research centre of relevance and excellence

- Over the last six years, and particularly since the executive director transition in 2014, HEARD's thematic, geographic and functional focus has expanded, responding to significant shifts in global development, including changes in SDGs and external context generally.
- HEARD's research outputs are published in the top quartile of journals in their fields and cited to an adequate extent.
- Increasing research capacity on the African continent is vital. HEARD's PhD programme has been integrated into its key activities and has developed important new areas of expertise at HEARD.
- HEARD has contributed to agenda-setting, strategy and policy formation, and the evaluation of policies in practice. HEARD's embeddedness in, and understanding of, the regional context was perceived to give it greater legitimacy and to give it an independent voice.

### HEARD's potential to sustain its work

- Income generated through research grants has increased so it is reasonable to expect that HEARD will be able to progressively reduce Sida funding. Even so, given the predominance of Sida's core support, it is not feasible for HEARD to become self-sustaining in the near future. Negotiations on overhead and subsidies and enhanced university support (e.g. staff salaries being paid by the university) will support the process of reducing reliance on core funding.
- Core funding has enabled a flexible engagement style and an open door policy for students and staff that may be difficult to maintain with an expanded portfolio of projects.

- Scientific research, PhD supervision, and policy and programme engagements are led by a small number of senior researchers with the risk of over-reliance on key individuals.

### **Future options**

HEARD has, from the start, attracted core support from several international donors, but this has declined in recent years. Sida provides still core support, but this is currently limited until December 2017. Two factors affect financial options for the future:

- *HEARD's partnership approach and location of the organisation*
- *the strategic/programmatic choices to be made*

HEARD is currently located within the University of KwaZulu-Natal as a semi-autonomous research centre. Last year, SMT consulted stakeholders to assess scenarios regarding HEARD's organisational status, resulting in a decision to remain affiliated with UKZN and negotiate for a higher proportion of overhead revenues.

As for overall strategy and programming, there are four potential approaches for HEARD to consider as it contemplates how to make itself self-sustaining: 1) *Research*: Securing research grants from national and international research foundations. A new pre-award office will support this activity, but senior researchers will still have to spend substantial amounts of time on them, so the number of proposals will be limited. 2) *Teaching*: regrettably, the market for generating income through teaching is limited; 3) *Consultancy*: an option with limited scope, as this is an increasingly competitive market; and 4) *Policy advocacy*: this work usually has no separate source of funding, but could be linked to other projects or be supported by internal resources. All these four activities require specific expertise and have different funding sources and implications. HEARD may not currently have sufficient capacity to enable the organisation to become a "centre of excellence" in all four areas.

Given both the challenges and opportunities outlined above, HEARD could consider the following alternatives for generating more sustainable levels of income: a) increase core support from the mother university (UKZN) for staff salaries, b) recover overheads and subsidies paid to UKZN, c) increase support through stipends and scholarships for research capacity-strengthening such as other PhD programmes, d) apply for more short- and long-term research grants from national and international research foundations, e) tender for more national, regional and international consultancy contracts, f) search for new donors to provide core support, and g) introduce other cost-saving measures.

Options (a) and (b) are realistic, but the level of additional income cannot be determined at this point in time. While this income could help fund HEARD's policy engagement work, overheads and subsidies alone are not solutions to the long-term

challenge of financial sustainability. The most realistic option may be option (d), to aim for an increase in funding through research grants. In practice, the different options can be combined and there could be a mix of all, with different foci. The evaluation suggests two scenarios below that describe options C and D as variations of the *strategic/programmatic dimension* as alternative future directions to increase HEARD's sustainability.

### **Scenario C: HEARD engages more in teaching and capacity-building**

HEARD will be able to build on their strengths, such as skilled, experienced staff and a well-functioning PhD programme, as well as strong ties with UKZN faculties. Due to senior staff engagement with research projects, there are limited resources available for teaching. While the PhD programme works well, teaching is not a prioritized capacity area for HEARD. The implications for financial sustainability are low and represent only a small proportion of HEARD's income. However, the PhD component is beneficial for networking and enhancing HEARD's reputation. To expand teaching, close collaboration with other university faculties and programmes would be essential.

### **Scenario D: HEARD engages in more applied research**

With limited senior staff, HEARD could carefully consider appointing additional researchers. After all, research grants are the most relevant source of income for HEARD, and are reliant on HEARD sustaining adequate institutional capacity, its sound scientific reputation and its reputation for trustworthiness as a research partner. In this most realistic scenario, HEARD would continue raising grants with a geographically broadened focus, using its current network and collaborations. Visibility would be increased, e.g. through policy work and research capacity-building. Strategic partnerships with other universities or non-governmental organizations may serve as a medium-term method for acquiring more grant funding.

## **Recommendations**

HEARD is challenged by a changing external environment in global development and donor funding. HEARD has responded to these challenges, thanks to an adaptive, flexible management approach. A SWOT-analysis and a TOWS analysis were conducted to transfer the results of this evaluation into strategies for sustainability and provide the basis for the following recommendations:

### **Strategic orientation:**

- **Prioritisation as a guiding principle**

HEARD should prioritise among its core competencies and expand capacity gradually over time. Since engagements with policies and programmes are heavily dependent on relationships, it is recommended that HEARD select certain institutions and



national/regional/global processes to work with, and avoid requests for short-term engagements that do not contribute to the organisation's strategy.

### **Financial Sustainability:**

- **Develop comprehensive sustainability plan**

HEARD needs to develop a comprehensive sustainability plan in order to generate the annual income needed from grants and associated overhead income. Additionally, both market and competitor analyses should be conducted. HEARD should model the amount of funding it can reasonably expect to generate, relative to the investment required from: a) UKZN, (for salary support and teaching), b) national, regional and international research funds and c) national, regional and international consultancy contracts.

- **Explore the market and agree on a Unique Value Selling Proposition**

Given the increasing competition for decreasing donor resources, HEARD needs to clearly define and market its expertise.

- **Consolidate and clarify HEARD's role and autonomy as part of UKZN and negotiate overhead and subsidies revenue sharing**

The evaluation expressed a concern about inefficient and unclear parallel structures and procedures. The HEARD board and senior management should urgently resolve this problem by transferring overhead resources from HEARD to UKZN. It is strongly recommended to investigate the potential for negotiating benefits from subsidies. Based on the analysis and comparison with other university centres, a progressive overhead sharing formula allocation, if not a complete waiver, should be negotiated. Other universities use e.g. an overhead revenue formula with an initial 50-50 split at the minimum, increasing to 75 per cent and 100 per cent at additional income levels. The administration fee of 2.5 per cent should be maintained for the support UKZN provides to HEARD.

### **Visibility and dissemination:**

- **Execute strategic dissemination plans for flagship pieces of work**

HEARD should develop, resource and track dissemination plans. Intensified visibility efforts could involve social media and selective networking.

### **Monitoring & Evaluation:**

- **Conduct evaluation**

This evaluation, conducted two years after the change in directorship in 2014, could only identify the start of a strategic shift; the full range of outcomes should be evaluated later. Gathering only prioritised monitoring indicators and assessing clear responsibilities at the outset may help to limit the workload involved in monitoring.



# 1 Introduction

## 1.1 BACKGROUND

This evaluation aims to evaluate outputs, outcomes and development of the Health Economics and HIV/AIDS Research Division (HEARD) in Durban, South Africa, during the years 2010-2016. HEARD was founded in January 1998 and is a key regional research centre situated at the University of KwaZulu-Natal (UKZN), hosted by the College of Law and Management. HEARD is focusing their activities primarily on the South African Development Community (SADC) and East African Community (EAC) region, with strong local, regional and international partnerships and collaborations. HEARD is core-funded by Sida; its PhD programme has additionally been funded by Sida since 2012. In addition to this core funding, HEARD's work is financed through research and engagement grants by other donors.

This evaluation covers three different HEARD strategies: the two overlapping HEARD strategies for 2011-2015 and 2014-2019, as well as a separate strategy for 2017-2019. HEARD describes its overarching goal as follows: 'to contribute to the production and utilisation of knowledge and evidence which support integrating health, HIV and human development responses in eastern and southern Africa', and more specifically to produce new knowledge and generate evidence through applied research. Their approach includes the provision of knowledge and evidence to support regional, national and international responses to reproductive health, HIV, and development. The focus of HEARD is on applied research that takes a utilisation-driven approach to the transfer of knowledge into practice and policy. This includes the promotion of research capacity for Africa through a new PhD programme.

Based on these goals, HEARD has five priorities: to strengthen regional health systems through applied research on health interventions, including and especially under considerations of economic effects; building strategic partnerships to support regional health sector governance; educating the current and next generation of health sector managers, strategists and decision makers through a robust PhD educational programme;<sup>1</sup> and generating new knowledge that will provide the evidence necessary for developing effective policy and practice. HEARD's mandate from a consortium of

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<sup>1</sup> The strategy for 2014-2019 included for the first time a plan for a Master of Science study in Global Health, which was not yet implemented.

international development agencies is to inspire health and development strategies that improve the welfare of people across Africa and beyond. HEARD fulfils this mandate through sound behavioural and socio-economic analysis, applied interdisciplinary research, and support for policy and strategy development, enabling innovative, evidence-based interventions.

Currently, the centre's health research and innovation streams cover gender issues; sexual and reproductive health and rights for key, vulnerable populations; health and sustainable development; programme effectiveness evaluations and programme optimisation strategies; financing and sustainability (including private sector engagement); and governance and accountability.

HEARD also undertakes client-driven research and policy analysis with a range of partners, including UN agencies, the Global Fund, foundations and other private sector partners, governments, and bilateral and multilateral entities.

A review of HEARD strategies showed that there had been a shift from a strong focus on HIV/AIDS in 2011-2015, alongside a commitment to respond to 'pressing Post-Millennium Development Goals (MDGs) regional health challenges'.<sup>2</sup> A broader approach became evident in the 2014-2019 strategies, and continued more strongly in the 2017-2019 strategies. This shift emerged as a response to the comprehensive Sustainable Development Goals (SDGs), in which health is just one of 17 goals and HIV infections have become just one of 230 health indicators. HEARD's establishment of a new research focus on sexual reproductive health and rights (SRHR) in 2015 signals this expansion.

### 1.2 PURPOSE AND SCOPE

This evaluation aims to assess the extent to which HEARD been able to deliver its strategy and meet its objectives and the manner in which it has done so in terms of:

- the quality and performance of HEARD in regard to research and scientific outputs, uptake and utilisation, and the quality of research collaborations;
- the quality and performance of HEARD in research capacity-building in Africa;
- the ways in which HEARD influences or informs policy and the extent of its influence;

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<sup>2</sup> HEARD Strategy 2014-2019 (p.2)

- the institutional capacity and current status of HEARD regarding financial and organisational sustainability.

Based on this assessment, the evaluation identifies achievements and weaknesses and puts forward recommendations for a future programming phase, including HEARD's potential to establish itself as a self-sustaining research institution of relevance and excellence.

Over the last several years, HEARD has undergone several reviews by different donors and UKZN, which have made recommendations for improving HEARD's structures and performance. Following the inception phase, Sida and HEARD requested that the original terms of reference (Annex 1) for this evaluation be shifted in order to place greater emphasis on financial sustainability. Thus, in this report, particular attention is paid to this issue, while any repeat of the financial audit that HEARD has already undergone is avoided.

### 1.3 APPROACH AND METHODS

This evaluation was conducted between September 2016 and January 2017. Following the submission of the inception report in October 2016, the majority of data collection and analysis took place in November and December 2016.

The findings from this evaluation are based on a review of documents and websites (Annex 2), in-person and remote consultations with 42 people (Annex 4), site visits to HEARD's office in Durban and research partners in late November 2016, website statistics and a bibliometric analysis of HEARD publications.

Consultations included key informant interviews with 15 HEARD staff and board members (36 per cent of the total), a focus group and individual feedback from eight HEARD students and graduates (19 per cent), an online survey and interviews with eight of HEARD's research partners (19 per cent) and interviews with an additional 11 external stakeholders (26 per cent) working for UN agencies, regional institutions and networks, government departments and universities. Several interviewees had worked with HEARD previously when affiliated with another organisation in another sector.

Key informants were identified based on two lists provided by HEARD, which the evaluation team supplemented with suggestions from the interviewees themselves and the team's own contacts in the field. Many of the people recommended by interviewees had already been identified. Several individuals indicated that they were not familiar enough with HEARD's work to respond to particular evaluation questions.

Interviews with most HEARD staff and some South Africa-based external stakeholders were conducted in person, with the remainder conducted via skype or by

phone. Interviews lasted approximately 30-60 minutes and followed a semi-structured format, adapted to each person as appropriate. The online focus group lasted 1.5 hours and followed a structured interview format; four students who were not available for the group conversation provided written responses to the questions (Annex 5).

To analyse HEARD's scientific research and policy engagements, a list of HEARD research projects, written outputs and policy engagements was created by the evaluation team based on annual reports, the 2015 M&E report and material on the HEARD website, and reviewed by HEARD for verification (Annex 11). To determine the shift in thematic emphasis over time, research projects were classified based on key words in the project title and overview (Annex 9).

The names of publication formats varied slightly over time,<sup>3</sup> so publications are grouped according to different audiences, styles and length: journal articles, books and book chapters; issue, policy meeting and project briefs; research reports and background papers; and manuals and toolkits. To assess the quality of academic articles, we used journal impact factors listed on journal websites (five-year rating when available, or the most recent year rated). To assess research uptake, HEARD provided figures on the number of page views, total sessions and unique visits for the home page and for the main publication page, the number of downloads for 14 reports and briefs, and the number of subscribers to its listserv.<sup>4</sup>

To assess the degree to which HEARD's academic work informed subsequent scientific research (utilisation), a citation analysis of all 29 articles and book chapters published by the organisation in 2010 was carried out, allowing for the longest amount of time since publication. The same was done for a random 20 per cent sample of articles each year between 2011 and 2015. The full article citation was typed into Google Scholar and duplicates removed. In addition to counting the total number of articles that had cited HEARD work, for the random sample a list of each of the articles determining who and where HEARD was being cited was also compiled. This 48-page list is provided in a separate document (Annex 8).

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<sup>3</sup> For example: policy papers; reports of meetings; thematic, technical, workshop and issue briefs; fact sheets; reports; working papers; background papers

<sup>4</sup> Page view and download statistics from HEARD's website were only available from October 2011 – December 2015, so these numbers only represent a four- rather than a six-year period. Most of the full-length journal articles can only be accessed through paid subscriptions, so HEARD relies on journal website statistics to track the number of downloads for its academic outputs.

To assess the uptake of HEARD's reports and briefs to inform audiences beyond academia, download statistics provided by HEARD were used. Google searches were carried out, using the full citation and the report name only, with and without quotes, to identify grey literature and media references to this work. These searches were conducted on the subset of reports and briefs from 2010-2015 that related to voluntary medical male circumcision (VMMC), sexuality education and social protection.<sup>5</sup>

To examine HEARD's engagements in influencing policies and programmes, the full list of engagements (Annex 11) was analysed, focusing on four areas in particular (Annex 12): HEARD's work with SADC on voluntary medical male circumcision (VMMC), with the South Africa Department of Basic Education (DBE) on the Integrated Strategy on HIV, STIs and TB, with the Kenya AIDS Strategic Framework, and with the Regional Inter-Agency Task Team on Children Affected by AIDS (RIATT). These initiatives were used as entry points into conversations about HEARD's approach, their role and perceived advantage compared to other actors, and the evolution of their work in policy and programme engagement over time.<sup>6</sup>

To assess institutional capacity, staff interviews were analysed based on the effort-reward-imbalance model.<sup>7</sup>

## 1.4 LIMITATIONS OF THE EVALUATION

The evaluation paints a picture of HEARD's performance, provides bibliometric measures, identifies HEARD's role in policy development and research

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<sup>5</sup> For some reports, these searches yielded very few results, including on the HEARD and collaborator websites. For the VMMC reports, the searches yielded thousands of results, of which we reviewed the first 20 links, very few of which related to the original HEARD brief. These searches were problematic given the number of other organisations producing documents on the same topics; the general nature of some of the report titles and the name HEARD, which pulls up articles by authors with that last name which were not relevant to our purposes and articles which simply used the verb 'heard'.

<sup>6</sup> In the inception report, we had proposed preparing short case studies on a select number of engagements and suggested six case selection options: comparisons across geographic scope, issue areas, international actors/fora, regional groups, types of national engagements, or tracing the engagement and its influence directly following the publication of a flagship research article. HEARD initially identified three engagements that represented a mix of these options: work with SADC on VMMC, with DBE, and on the Kenya AIDS Strategic Framework; and subsequently suggested their work with RIATT. Through the interviews with both HEARD staff and external stakeholders, it became clear that these individual activities could not be examined as discrete case studies. Some interviewees mentioned other activities in which they had collaborated with HEARD that they perceived to be more salient examples.

<sup>7</sup> Siegrist, J. 1996. 'Adverse health effects of High-Effort/Low-Reward Conditions'. *Journal of Occupational Health Psychology*, Vol. 1, No. 1, 27-41

collaborations, evaluates their research capacity-building in depth, describes their institutional capacity, illustrates HEARD's strategic shift and discusses the sustainability of its efforts in future. However, some limitations apply:

In general, data collection was delayed as a result of two main factors. First, the temporary closure of University of KwaZulu-Natal<sup>8</sup> meant that the necessary confirmation of lists of staff members, publications, research projects and key engagements were difficult to obtain. Delays reduced the time available for potential interviewees to respond – as well as the time available for these responses to be analysed. The shift in focus towards financial sustainability required a redesign of the economic evaluation approach. Assessing sustainability became a challenge as financial information was extremely limited, since it is held by the university and could not be therefore easily obtained by HEARD. Even finding basic data such as the numbers of staff over the years was problematic and caused substantial delays. Ultimately, the discussion of sustainability was not as comprehensive as we had wished; it could not, for example, include an expenditure analysis.. Additionally, a market analysis of different aspects of HEARD's core activities would have been beneficial, but it exceeded the scope of this evaluation. Nevertheless, the overall analysis, based on a variety of methods, describes relevant issues for sustainability.

The evaluation was also challenged by the limited collection and availability of monitoring data, even though there is a revised M&E framework (2015). Lists of publications, research projects and key engagements were generated by the evaluation team, and several attempts were made to get those confirmed by HEARD, this all took more time to validate than anticipated, and in the end, details were hard to come by.

The findings in the research collaboration and policy engagement sections reflect the perceptions of a moderate number of people consulted, the majority of whom were recommended by HEARD.<sup>9</sup> This set of informants were those who were most familiar with the organisation, and were likely to be positively biased. To mitigate this bias, the evaluation aimed to triangulate responses among various people and sources of information. We employed snowball sampling, asking interviewees to suggest others to interview, and used our own contacts to generate more interview candidates; in both cases, people recommended individuals already named. Several people we contacted either did not respond or indicated that they were not familiar

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<sup>8</sup> In October 2016, university operations across South Africa were suspended in response to widespread student protests, following the announcement of substantial tuition increases.

<sup>9</sup> Due to the need for lists of research partners, which are not publicly available, those lists had to be generated and provided by HEARD.

enough with HEARD's work to participate. The number of potential sources that could be used to triangulate data was lower for projects and policy engagements that involved fewer people and that included undocumented work.<sup>10</sup> Response rates from research partners were particularly low, with just over one third (seven out of 19) providing feedback. Despite these limitations, we are confident that our conclusions reflect adequately perceptions of the quality and nature of HEARD's activities among research collaborators, as respondents were highly consistent in the opinions they expressed.

To evaluate research quality, bibliometrics were used, identifying impact factors and conducting a citation analysis. As discussed extensively in the literature, bibliometrics such as impact factors (IF) and citations constitute a limited approach to gauging research utilisation; by its very nature, it does not include other ways in which research may have been used. Other disadvantages with bibliometric measures are briefly discussed in the research output section (section2).

## 1.5 EXTERNAL CONTEXT AND TRENDS

In order to understand the relevance of HEARD's research and capacity-building efforts, and the organisation's previous and future role in influencing policies and programmes, we first review major new trends in the context in which HEARD has been operating. These shifts were raised by a number of interviewees.

Since HEARD was founded in 1998, the HIV epidemic and both global and national approaches to it have changed dramatically. Global attention to the epidemic intensified in the early 2000s: a commitment to addressing HIV featured as one of eight MDGs, and new institutions such as the 2002 Global Fund to Fight AIDS, TB and Malaria and the 2003 US President's Emergency Plan for AIDS Relief (PEPFAR) were created. This attention and the significant accompanying increase in resources contributed to tangible results.

In the Eastern and Southern African (ESA) region – which remains the worst affected, currently accounting for about 50 per cent of the global HIV burden – the number of new HIV infections and number of AIDS deaths have nearly halved since their peak, and the number of people receiving anti-retroviral therapy (ART) or covered by prevention of mother to child transmission (PMTCT) programmes has risen substantially (UNAIDS 2014a). In South Africa in particular, the socio-political

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<sup>10</sup> More specifically, we were able to speak to fewer external informants about the SADC engagement compared to the others.



environment over the last six years has become much more supportive than in the past, with little contention remaining over the need to take action on HIV.

However, in more recent years, funding has levelled off (IHME 2015) and the global health development agenda has become much more crowded, both within and beyond the health sector. This shift is reflected in the changed profile of this health issue, as HIV, TB and malaria slipped from being one of only eight MDGs in the health domain, to one of 17 more comprehensive SDGs. In addition, a commitment to reducing new HIV infections is now just one of 230 indicators (UN 2016).

The earlier ABC approach (abstinence, be faithful, correct and consistent condom use) has evolved into a combination of interventions, with greater emphasis on human rights, structural drivers and targeting key, vulnerable populations. Demographic changes in Africa have heightened the focus on adolescents. Global and regional networks have been well established for some time now; however, several interviewees noted a shift in attention and resources to national and subnational levels, in part reflecting improved capacity, as well as a desire by governments to assert their national sovereignty. These changes have implications for regional entities such as HEARD.

In June 2011, an influential Lancet article proposed a new investment framework for HIV that targets resources, based on country epidemiology and context, towards six basic programme activities: focused programmes for key populations at higher risk; elimination of new HIV infections among children; behaviour change programmes; condom promotion and distribution; treatment, care and support for people living with HIV; and VMMC. The authors also suggested a range of critical social and programme enablers such as human rights advocacy and community mobilisation, along with synergies with development sectors, including policy initiatives designed to improve social protection, increase access to education, reduce gender-based violence, and undertake legal reforms (Schwartzländer et al. 2011; UNAIDS 2011). In 2014, UNAIDS launched a Fast Track strategy to end the AIDS epidemic by 2030. Many of HEARD's priorities are reflected in this framework and the organisation has been directly involved in advancing these agendas (see section 4).



## 2 Scientific research

This section reviews HEARD's scientific research from 2010-2015, answering the following questions:

- What are HEARD's key research projects?
- How are HEARD's strategies reflected by topics and areas of research?
- Is the research conducted by HEARD relevant and oriented towards the organisation's objectives for scientific research?
- What is the scientific research output of HEARD?
- What is the quality/degree of scientific excellence of HEARD's research outputs (based on journal impact factors)?
- To what extent and by whom have HEARD research articles, reports and briefs been read (research uptake)?
- To what extent has HEARD research informed academic research and practice (utilisation)?
- What are HEARD's key research partnerships and what are their outputs? What are the perceived benefits and challenges resulting from these partnerships?

### 2.1 SCIENTIFIC RESEARCH PROJECTS

For the timeframe of the evaluation, 2010-2015, 113 research projects in total were identified.<sup>11</sup> During the period of evaluation, HEARD has acquired funding for between 10 and 24 new research projects per year (mean: 19). The following graph shows the fairly stable levels of new funding for research projects, with a lower number funded only in 2013, the year the former executive director resigned, something which also marked a significant shift in HEARD's strategy.

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<sup>11</sup> These research projects do not include books or policy-related tasks, which are discussed in the policy and key engagement section of this report.

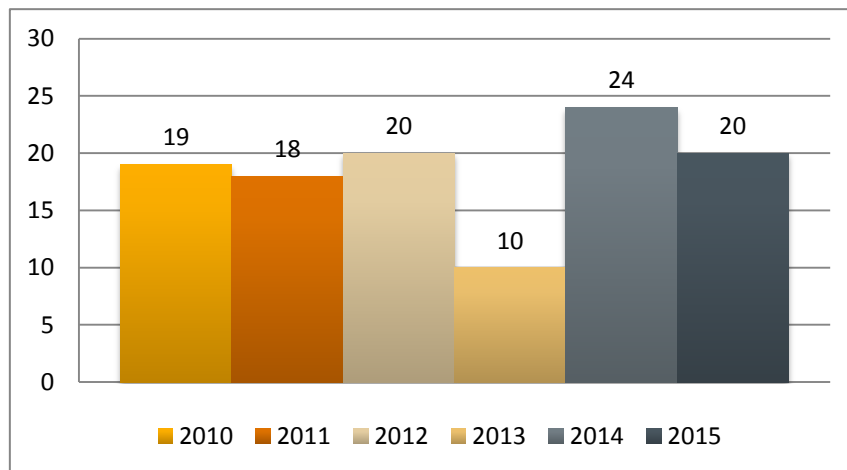
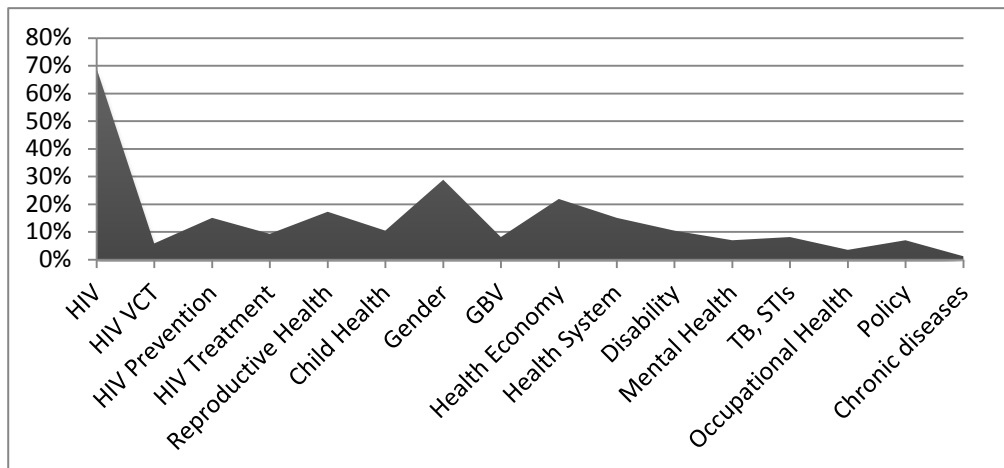


Figure 1: Number of newly funded academic research projects

To identify a strategic shift in the focus of research projects, those were categorised using key words identifying HEARD's main research areas and the topics of its newly funded research projects. An analysis of key words of all research projects charts HEARD's research profile to establish the degree of congruence between HEARD's research activity and its overall strategy. Unsurprisingly, HIV-related research projects constitute HEARD's core research commitment, (with 69 per cent of the total number of projects). Another research focus is gender research, especially gender-based violence (GBV), another core competency of HEARD. Some 20 per cent of research projects deal with the economic dimension of HIV or other health topics.

Figure 2: Key word categories of research projects<sup>12</sup> (%)

<sup>12</sup> Multiple key words could be assigned to one project. The key words only relate to newly funded research projects in each particular year.

Over the years, HEARD has tried to balance and diversify their range of research topics. In alignment with the shift in strategies within both HEARD and the development sector more generally, the organisation's research projects have broadened in theme, with the addition of reproductive health a particularly strong research area.

While HIV was clearly the dominant focus for HEARD between 2010-2013 (increasing from 29.3 per cent to 40.6 per cent of its total research output during these years), other important topics such as reproductive, child and mental health increased proportionately over the years and became more central to HEARD's activities. While in 2010, a third of projects (33.3 per cent) were related to HIV, with a focus on HIV prevention,<sup>13</sup> (especially between 2011-2013), HIV treatment became more predominant in 2015, reflecting the increased availability of HIV/AIDS treatment and the resulting need for more research on medication and treatment adherence of patients.

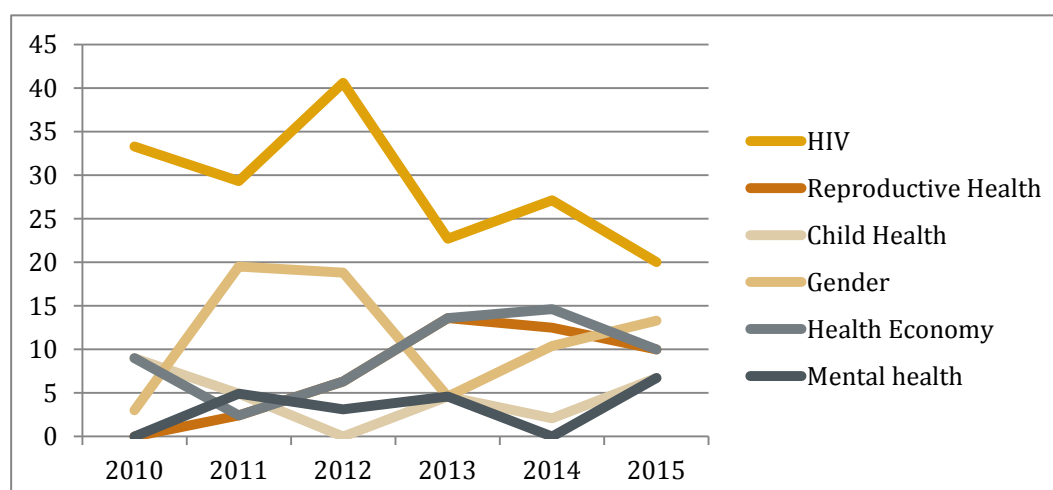


Figure 3: Diversification of main thematic fields of new research projects by year (% of total key words)

This diverse research profile reflects the strategic and thematic shift within HEARD but also in the intra-national and international development environment in terms of specific funding opportunities. The fields listed above also indicate the main expertise and profile of HEARD, which is relevant to HEARD's marketing and future strategic and planning decisions. The strengthening of research activities in certain thematic fields is in line with HEARD's strategic shift. The broadening of research areas and, consequently, HEARD's profile, may increase chances for future funding. There was no detailed budgetary information related to specific research projects available, but

<sup>13</sup> HIV VCT, HIV prevention, and HIV treatment were sub-categories of HIV.

an overview of donors and funding sources for research projects is provided in section five.

As one of the main tasks of this evaluation is to assess the influence of HEARD's research on policy development, section four will focus on key engagements by HEARD in greater detail.

## 2.2 SCIENTIFIC RESEARCH OUTPUTS, QUALITY, UPTAKE AND UTILISATION

HEARD's research projects and collaborations have generated a high volume of outputs over the last six years. The organisation is a prolific research centre, particularly given the small size of its core staff. From 2010-2015, HEARD published 206 journal articles, books and book chapters, 44 issue/policy/meeting/project briefs, 24 research reports and background papers, and three manuals and toolkits (see Annex 7). On some topics, HEARD produced a journal article, a publicly available research report, and a short policy brief in order to reach different audiences.

HEARD published most journal articles in the *African Journal of AIDS Research* (for which HEARD's founding executive director Alan Whiteside currently serves as editor-in-chief), followed by *AIDS Care*, *Journal of the International AIDS Society*, and *Disability and Rehabilitation*. The majority of articles were published in journals indexed in ISI Web of Science (WoS). Many of those articles were in journals that belong to the highest cited quartile in their respective fields; journals such as *PLoS Medicine* (WoS impact factor IF=13.585), *Health Policy and Planning* (IF=2.513), *British Journal of Health Psychology* (IF=2.895), and *Journal of the International AIDS Society* (IF=6.256). The vast majority of HEARD articles were published in health sciences journals, but some also appeared in psychology, policy, management and economics journals. Many of those journals represent specialist rather than generalist publications and impact factors vary greatly between fields, which complicates the use of journal IF as a metric for quality.

Number of citations per article offers an alternative proxy for quality in terms of how many researchers have found it useful to refer to those articles. For citation analysis, a random sample of 20 per cent ( $n=41$ ) of indexed journal articles was drawn from HEARD publications and their citation data were extracted from ISI Web of Science.<sup>14</sup> The sample consisted of articles from the evaluation period 2010–2015,

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<sup>14</sup> Thomson Reuters Web of Science [v.5.23.2], all databases.

and citations were tracked until March 2017. That sample of HEARD articles ( $n=41$ ) was cited 235 times between 2010–2017 (Figure 4), and the average number of WoS-indexed citations over that period was 5,73.

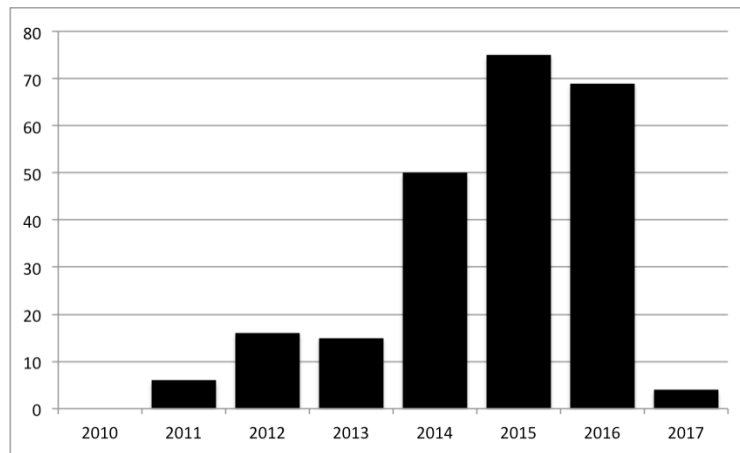


Figure 4: Number of citations from a sample of 41 indexed HEARD journal articles in 2010–2017 (Source: ISI WoS)

Less selective services such as Google Scholar find a much larger number of citations (both academic and non-academic) of the same articles. Compared to Web of Science, Google Scholar includes a broader range of publications, such as books, grey literature and technical reports, corresponding well to the scope of HEARD's activities. A Google Scholar search for 2010 found that among the 29 articles and book chapters identified, a publication was cited an average of 15 times (0-93, median seven). Four publications (14 per cent), including one editorial, have not yet been cited by others. Two articles account for the highest numbers of citations that year:<sup>15</sup>

- Smith, J. and Whiteside, A., 2010. 'The history of AIDS exceptionalism'. *Journal of the International AIDS Society*, 13:47.  
Cited 78 times in Google Scholar and 26 times in academic journals indexed in WoS.
- Campbell, C., Cornish, F., Gibbs, A. and Scott, K., 2010. 'Heeding the push from below: how do social movements persuade the rich to listen to the poor?' *Journal of Health Psychology*, 15(7), pp.962-971.  
Cited 65 times in Google Scholar and 35 times in academic journals indexed by WoS.

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<sup>15</sup> Google Scholar Citations

Overall, journal articles were cited more frequently than book chapters, as were articles in journals with higher impact factors. Within the same journal, the number of citations varied – for example, individual HEARD articles published in *AIDS Care* were cited between 0-36 times, and articles in the *African Journal of AIDS Research* between 1-19 times. This suggests that the publication format, journal and article topic influenced how often HEARD articles were cited.

Among the 20 per cent sample of HEARD articles published in the years 2010-2015, articles were cited an average of 11 times (0-65, median seven), with more citations for articles from 2011 than subsequent years, as would be expected. The list of articles citing HEARD publications (Annex 8) illustrates an expansive geographic reach, influencing scholars and research across countries,<sup>16</sup> and covering a range of disciplines.<sup>17</sup>

As Google Scholar does not allow any comparison, the citations data from ISI Web of Science were used to compare citations of South African and East African research studies over the same period of time. The publications in the HEARD sample spanned a broad range of research areas, which complicated the comparison. On the one hand, a random sample of 500 South African articles on health care science and services had a comparable average number of WoS-indexed citations (6,11). On the other, a sample of articles in immunology research in South Africa ( $n=500$ ) had gathered more than twice the number of citations on average (13,56). For a different comparison, a random sample of 3,362 articles from Makerere University, Uganda, spread over the same research fields as the HEARD articles, showed an average citation number of 11,89. Comparison with East African universities in general gave similar results: Figure 5 compares the citation patterns of the HEARD sample with a random sample of 820 articles affiliated with East African (Kenyan, Ugandan, Tanzanian) institutions. The research fields were roughly the same as in the HEARD articles.<sup>18</sup>

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<sup>16</sup> Sub-Saharan Africa (South Africa, Botswana, Swaziland, Kenya, Malawi, Namibia, Zambia, Uganda, Rwanda, Nigeria, Tanzania, Cameroon, Ghana, DRC, Ethiopia), South and East Asia, the Pacific (India, Nepal, Japan, Indonesia, Taiwan, China, Singapore, Papua New Guinea, Australia), the Americas (Chile, Brazil, Peru, Haiti, US, Canada) and Europe (UK, Spain, Netherlands, Belgium, Denmark, Portugal, Hungary, the Balkans).

<sup>17</sup> HEARD articles were cited in many of the same journals as the original publication, predominantly health sciences journals, but were also cited in psychology, sociology, anthropology, political science, public policy, international development, education and geography journals.

<sup>18</sup> To ensure similar research profiles, the East African sample consisted of 820 articles from the nine most common research areas in the HEARD sample: infectious diseases; public, environmental and occupational health; biomedical social sciences; health care sciences and services; education and educational research; immunology; respiratory system; psychology; business economics; and family studies. Relative numbers between fields were not accounted for.

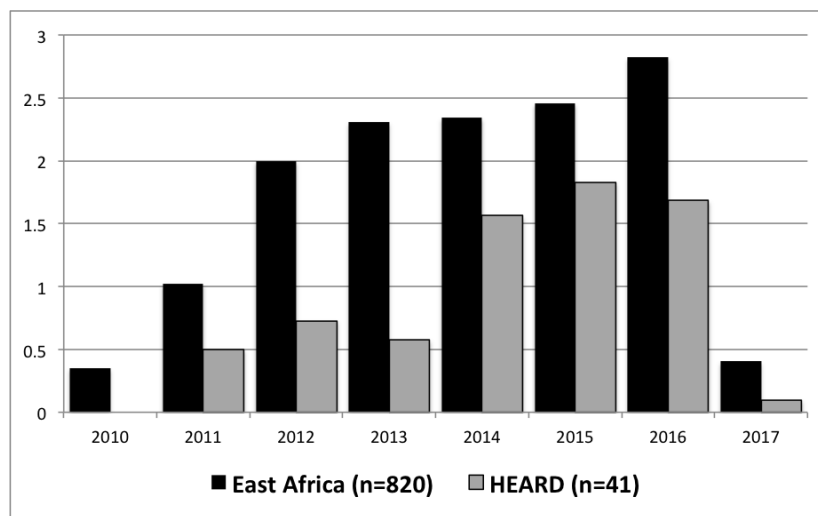


Figure 5: Average citations per year for a random sample of 820 East African research articles and a random sample of 41 HEARD articles following similar research profiles (Source: WoS)

The citation analysis shows that HEARD articles do gather a reasonable number of citations for a small, African-based research unit. Although the bibliometric figures show a lower number of citations for HEARD than the comparison groups, one should recall that a very large portion of research articles in the comparison groups (South Africa, East Africa, Makerere University) are done in projects that are managed and mostly executed in major universities in Europe and the US, and the East African or South African co-authors do not always play a major role in those projects. It is important, therefore, to emphasise that HEARD is able to consistently get articles published in the top quartile of journals in their respective fields, which ensures a high quality and status of publication venues for HEARD publications. That said, a few articles were published in predatory open-access journals<sup>19</sup> that were not at their time of publication listed on common accreditation lists (such as DHET, ISI, Scopus, or the Norwegian NSD).

Nearly all journal articles were co-authored, often by several people – which is common in health sciences but not economics – and reflects HEARD’s collaborative approach. Article topics as well as technical reports and briefs broadly reflected the themes of core research projects and policy engagements, including gender, disability, sex education and social protection.

Between October 2011 and December 2015, some 78,353 people accessed HEARD’s website (51,134 unique visitors), with over 200,000 page views. The publications

<sup>19</sup> Journals, that charge publication fees. without further editorial services.

section was visited by 17,650 people (13,413 unique visitors). HEARD also has 3,551 subscribers to its listserv. Not all of HEARD's written outputs are available on their website, and their publications can be accessed directly through academic databases, other search engines and publisher websites. Therefore, these figures indicate the minimum uptake of HEARD's work: they do not reveal the total number of those who have accessed its work across all channels.

Unlike academic journal articles, access to which is often limited by paid subscriptions, technical reports and policy briefs are typically targeted at broader audiences, including practitioners, decision-makers and the media. Among the 14 HEARD reports and briefs for which download statistics were available, the number of people reading this work ranged from 32 to 221. Country fact sheets and analyses of national strategic plans were downloaded most often, and project reports least often (Annex 13). Although research and consultancy projects may provide a more substantive source of revenue, the relevance of some projects and interest in their findings may be more limited, particularly among non-academic audiences. In contrast to journal article citations, more recent briefs were accessed as often as or more often than those that have been available for longer periods of time, which suggests that interest is more time-bound for these topics and this publication format. In order to be relevant to shifting country contexts and decision-making needs, these types of publications may need to be produced or updated on a more frequent basis. The download statistics (see Annex 13) indicate the number of people who have read HEARD reports and briefs, and again underestimate the total who may have accessed these documents through other channels. Downloads ranged from 32 to 221, with fact sheets and policy briefs downloaded more than more scientific and comprehensive reports.<sup>20</sup> Unlike journal articles, however, very few technical reports and policy briefs were directly referenced elsewhere. Citations do not reflect all potential or intended uses of these documents, which may also be used to influence decision-making and practice and to update donors; therefore, some uses may be undocumented or not cited, even if the brief did inform their thinking or actions. Several interviewees mentioned that they found these documents instructive in helping them determine how they could tailor a response at the national level. Others suggested that the reports could benefit from a more clearly articulated plan for dissemination and use.

## 2.3 QUALITY OF RESEARCH COLLABORATIONS

One of the core aims of HEARD's activities relates to the establishment of research collaborations and partnerships in science. For the timeframe of the evaluation, 2010-

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<sup>20</sup> There were some examples of HEARD reports listed on other websites.



2015, 113 research projects were identified. Those research projects do not include either the writing of books or more policy-related tasks (e.g. HEARD serving on a secretariat) (see instead the policy and key engagement section of this evaluation).

HEARD's latest strategic framework (2017-2019) emphasises the importance of partnerships having impact in terms of policy, practice and the advancement of knowledge. Therefore, in evaluating research partnerships, the focus was on the quality of the partnerships and the drivers of and/or possible barriers to research collaboration. Research collaborations in the sample ranged from almost two to ten years, in most cases initiated by HEARD.

Research collaboration is built on trust and on perceived reciprocity – the mutuality of benefits that could accrue from research. This might include possibilities for funding through the development of research proposals and the publication of scientific articles in journals or policy briefs, presentations at international conferences, and the building of research capacity through student exchange. On a practical level, the organisation and coordination of research activities, good communication and an ability to solve conflicts with mutual respect are the foundation for successful research collaborations.

Research collaborations were described by HEARD partners as highly successful and mutually beneficial, leading to the development of grant and research proposals, submission or publication of scientific articles, preparation of policy briefs, presentations at scientific conferences and student exchange. Only a few minor problems were reported.

HEARD was seen as an important strategic partner, especially in recent years. Collaborative research promoted interdisciplinarity, improved the quality of scientific outputs, and complemented the strengths of the collaborating institutions. Most respondents felt that the collaboration was well organised and coordinated, built on mutual trust, with joint decision-making and respectful resolution of potential conflicts. Modes and frequency of communication were rated as good but not excellent, as were other aspects of the partnership. Collaborators perceived HEARD as a very strong partner, bringing in relevant skills and knowledge, which substantially improved the feasibility and quality of research projects. Collaborating researchers emphasised the skills of HEARD staff, their state-of-the-art knowledge of HIV/AIDS in the region, access to research and policy networks in Africa, ability to adapt research ideas to the context, support with grant proposal writing, and the development of programmes relevant to the needs of the region. Collaborators felt that HEARD had contributed significantly at each step in the project cycle, from proposal development and writing to project implementation (finance, logistics and technical support), and reporting and manuscript writing. HEARD served as an intellectual partner in developing visionary ideas and leading discourses on HIV/AIDS, took a lead role in fundraising through identifying grant

opportunities and supporting grant proposal writing, was a valued fieldwork facilitator, and provided scientific support for research and evaluation activities.

Research collaborators described HEARD's reputation in Africa as high, based on their scientific output, academic and scientific skills and a strong record of academic and applied research, as well as their experience in leading large-scale research projects. They were perceived as a leader and pioneer in health research, especially in the HIV/AIDS field. Their extensive networks in the region make HEARD a bridging institution, enabling it to identify and facilitate collaborations with appropriate organisations.

*Quote:*

*"I expect this project will enable us to fill important research gaps on key populations, work closely and build capacity of local research partners and NGOs and liaise with governments in ways that can build momentum and critical mass for change."*

The sharing of strategic objectives with collaborating institutions, a commitment to reciprocity and their in-depth knowledge and experience made HEARD an attractive research partner in Africa. HEARD's particular knowledge of the background to, for example, SRHR and their competencies in social sciences, health economics and strategic planning skills were highlighted, along with their willingness to bring in additional scientific expertise when required. HEARD is perceived as being successful in highly competitive tenders and extremely supportive on both practical and technical levels, and providing access to funding possibilities. Only a few problems were mentioned, mainly time-consuming procedures related to UKZN's administrative requirements (but with no further detail provided). These results are limited to the few respondents from the research collaboration survey and are not representative of the views of all research partners. Only a third of the collaborators who were approached answered the questionnaire, seriously limiting the validity and strength of the data collected. It is possible that those who were less satisfied with the collaboration did not respond to the survey, but this could be clarified only through a non-respondent analysis, which was not possible in the context of this evaluation.

Research collaborators who answered the questionnaire were highly appreciative of HEARD as a research partner. Even so, there is a need to streamline administrative procedures and workflow, especially those related to UKZN's requirements for research projects and grants, as these procedures may in some cases hinder timely grant management.

## 3 Research capacity-building

### 3.1 BUILDING RESEARCH CAPACITY FOR AFRICA – HEARD PHD PROGRAMME

This section focuses on HEARD's PhD programme and poses the following questions:

- Does HEARD provide a PHD programme reflecting their strategic objectives?
- What is HEARD's capacity to deliver research capacity-building for Africa?
- What is the quality of organisation, administration, support, supervision, and procedures of the PhD programme?

The PhD programme, supported by additional funding from Sida since 2012/13, is a core commitment for HEARD in research capacity-building for the African continent, open to students throughout Africa, with a special focus on support for under-privileged countries and women in particular. In the period under investigation, 29 students were awarded three-year scholarships from HEARD, consisting of three HEARD PhD cohorts: 12 students in 2009, nine in 2013, eight in the 2015/16 cohort (five in 2015 and three in 2016). The majority (64 per cent) of PhD students from 2009–2013 have graduated, with 16 doctorates awarded to date. Currently 12 PhD students are on HEARD scholarships.

The foci of the PhD projects range across HEARD's research areas and reflect the interdisciplinary approach taken by HEARD, including health economics, HIV, and the study of gender-related issues and the problems facing disadvantaged groups.

### 3.2 MANAGEMENT AND ORGANISATION

The PhD programme is coordinated and managed by the PhD programme coordinator. The PhD programme director has overall responsibility for the programme and takes more of an advisory and support function.

In November 2016, seven new scholarships were announced by HEARD: five on topics related to HEARD's main research areas and two more – one on lesbian, gay, bisexual, trans, intersex (LGBTI) and HIV response and another examining human rights and HIV – reflecting the strategic shift within HEARD towards human rights and under-researched communities such as LGBTI. HEARD advertises the scholarships on HEARD and UKZN websites, other networks and in newspapers, which recipients felt to be appropriate and clear.

HEARD receives a high number of applications for the scholarships; in November 2016, for example, around 60 applications were received (the application process was still in progress). Applications are reviewed by members of HEARD's board of directors (executive director, research director, academic programme director, and a senior staff member), who select appropriate candidates. Most PhD students found the application process competitive, transparent and appropriate in regard to requirements. HEARD aims to support women doctoral students in particular, although currently only 43 per cent of HEARD PhD students and graduates are female. Previous reviews have stated the difficulty in recruiting qualified female staff, so HEARD's plan is to building capacity among female researchers by making special efforts to encourage women to apply for scholarships. There is no monitoring process to track applications e.g. in terms of countries of origin of candidates, gender or other categories, or to further investigate and analyse any imbalances in greater detail.

The main bureaucratic barrier described by students was the application procedure itself, as well as and procedures for ethical clearance from UKZN, a problem even more evident in the countries where research is conducted. In many cases this obstacle led to significant delays (up to ten months in one case). In a few cases, difficulties occurred with the online registration system and admission process at UKZN, due to the 'unclear relation between HEARD and UKZN' (quote from one PhD respondent).

The students of the later cohorts (from 2013 on) described the management and coordination of the PhD programme as very helpful, supportive, flexible and accessible, providing both instrumental and technical help. Generally the PhD programme coordination manages and deals with doctoral student issues in a flexible manner, taking students' personal circumstances into account. This appears to be a particular strength of the Programme but is only possible due to the small number of students involved.

### 3.3 SUPPORT, SUPERVISION AND MONITORING

Most of the doctoral students were very satisfied with the PhD programme and perceive HEARD as a 'good brand' with high reputation in Africa. On an organisational and administrative level, they felt well supported by HEARD, especially by the PhD coordinator, but also by other members of the HEARD team ('from cleaner to Director'). The research environment at HEARD was found to be conducive to successful research, as it was inspiring and informative. Moreover, the students and graduates feel they are representatives and members of a reputable institution.

*Quote:*

*“Look at the HEARD website, you will find that the PhD students are incorporated as staff. This is indicative of how assimilated we are. We are a family, I can say.”*

HEARD PhD scholarships consist of three phases, starting with four one-week training courses in Durban in the first year. The second year is dedicated to fieldwork and data collection, with theses written in the third and final year. Effective monitoring, supervision and support are vital to the completion of PhDs and to the quality of a research capacity-building programme. Thesis supervisors, usually UKZN and HEARD members, provide the main scientific supervision of PhD projects. HEARD tracks the progress of individual students through a structured system requiring three annual progress reports by both students and supervisors.

Supervision seems to have improved over the period under review. While one early graduate complained about insufficient supervision, guidance and monitoring, PhDs from later cohorts reported feeling well supervised; supervisors were perceived as flexible and student progress was well monitored. Students appreciated close monitoring, e.g. through progress reports, the PhD handbook and the exchange with HEARD PhD coordinators and supervisors. However, they did suggest additional meetings with supervisors or quarterly meetings between students and their supervisors so that their research process could be more closely monitored.

Doctoral training provided by HEARD was highly appreciated. Students described training sessions as being constructive, of high quality and very helpful. They appreciated exchanges with peers and senior researchers, and in particular, sessions on research methodology and interactive teaching methods. One PhD student suggested improving training in research methods by adapting modules to suit the requirements of specific research projects. They also requested more sessions, e.g. on global health, and help with practical issues such as data analysis techniques in the early phase of the PhD. PhDs in the focus group suggested even more technical support through more training sessions and improved scheduling of sessions (announcing PhD meetings earlier and providing a schedule in advance to increase the likelihood that students would be able to participate in training sessions).

In general the PhD training appears to work well, even though there seems to be room for improvement in the design of training modules and training organisation.

### 3.4 FINANCIAL SUPPORT

The HEARD scholarship offers a RD 270.000 support for PhD candidates for the three years. According to the programme manager, students are provided with additional when needed, including the provision of laptops, dictaphones, software (e.g. STATA, SPSS), or financial support for attending international conferences (fees, flights, accommodation). Students' perceptions differed on this point: while

some described having been supported, e.g. in participation in international conferences, others reported problems in financing the data collection phase.

Most students appreciated the funding they received but felt it should be increased, as some need to supplement their funding with part-time work, leading to delays in the completion of their doctorates. For students from countries experiencing recession, economic pressures led to increased costs which could not be covered from the funding, so these students reported struggling to meet their living costs. Other students faced difficulties in getting the necessary technical and financial support for data collection, leading to delays in completing their PhDs. Many students suggested additional funds and a case-by-case funding approach considering the specifics of their country of origin, and the nature/location of their research and data collection. As no separate data were available for the PhD students and costs, it is not possible to judge here the appropriateness of the funding provided.

*Quote:*

*“It (HEARD) plays a significant important role for strengthening research capacity. Without this funding, I can’t (be) able to attain my PhD. This will also be the same for other young researchers coming from the limited resource setting Africa countries. It also has a great impact for strengthening the health sector’s performance...”*

### 3.5 TRACING PHDS GRADUATES

The PhD programme aims to produce graduates whose knowledge and skills may be used on the African continent in health planning, implementation or research. Graduates to date were traced to assess if their capacity had come to be used in policy and research in African countries.

The 2013–2016 cohorts (November 2016), which was the additional funding period from Sida, included 12 doctoral graduates in total. Between 2009 and 2015, the geographical scope of PhD research projects became broader and now cover 11 African countries, mainly in Southern and Eastern Africa. Most PhD students came from Zimbabwe (28 per cent) or South Africa (21 per cent), with 10 per cent each from Malawi and Uganda and seven per cent from Kenya (see graph in Annex 10).

After graduation, HEARD PhDs must commit to remain in Africa for at least two years to ensure that their capacity is used on the African continent. PhD graduates were traced, looking at their current work placements; indeed, all 10 graduates<sup>21</sup> from the 2009 cohort are employed in Africa (four in Zimbabwe, three in South Africa, and one each in Malawi, Mozambique, Uganda and Nigeria). These graduates are now working either in research or politics in Africa with the majority (n=7) working as researchers or lecturing in university or other research institutes in policy, journalism, social science, international affairs, public health and nursing, or finance and economics; the other three are consultants or directors of policy management or microeconomic policy in African countries. Most of the current PhD students (from the focus group) are looking for similar employment in research or policy development.

### 3.6 CONCLUSIONS AND RECOMMENDATIONS FOR THE PHD PROGRAMME:<sup>22</sup>

To summarise, HEARD has succeeded in the key activity of research capacity-building for Africa, operationalised as the number of PhDs working in Africa-related health planning, implementation or research, and already exceeding the target set for this indicator for 2017 (according to their M&E plan 2014-2018).<sup>23</sup>

The PhD programme is well structured and mostly well managed, and benefits from HEARD's ability to provide a personalised and flexible approach to problem-solving. Structures for supervision and monitoring are adequate and enable personalised support. In most regards the PhD programme is successful, producing graduates on schedule, and contributing to capacity-building in African countries; graduates are indeed working in research or policy in Africa. The high identification of HEARD PhDs with the research division and their commitment to HEARD forms an important basis for creating capacity in Africa and translating the ideas developed by HEARD into research and policy. Weaknesses in the programme are related to the monitoring of applications and administrative issues related to UKZN or the ethical clearance procedures in other countries; these things lead to delays. Even so, the flexibility that characterises HEARD's PhD programme management may mitigate those challenges and may, through personal support, find solutions to problems currently faced by

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<sup>21</sup> One PhD study is still ongoing, one is submitted.

<sup>22</sup> Conclusions and recommendations focus on the PhD Programme; others in the final section of this report focus mainly on financial sustainability of the overall organisation.

<sup>23</sup> M&E plan 2014-2018: Indicator: Number of HEARD PhDs alumni working in Africa-related health planning, implementation or research. Target value for 2018: 6.



students. In general, HEARD's ability to improve research capacity is impressive, but it could be challenging to expand the number of PhDs significantly in future.

The focus group with PhD students and graduates yielded the following suggestions and recommendations:

- **Administrative processes:**

The coordination between HEARD and UKZN must be further improved, ensuring a smooth flow of administrative procedures. While HEARD should inform and prepare students for administrative and bureaucratic necessities in the course of their PhDs, agreements between UKZN and HEARD administration could facilitate a more timely process, improve workflow management, minimise delays in data collection and reduce the time needed for completion of doctoral study.

- **Ethical clearance procedures:**

Obtaining ethical clearance for PhD studies posed a challenge to students. Many students had their data collection delayed due to time-consuming procedures in this area. HEARD's ability to shorten these delays is limited as such matters are mostly beyond their control, related, instead to other countries' committees, schedules and procedures. However, more attention could be paid to this matter early on, in training sessions and through the provision of information, support and guidance.

- **PhD training:**

The PhD training provided by HEARD was highly appreciated and described as helpful. Even so, HEARD is advised to conduct regular evaluations of training courses, including the design and suitability of training modules for student needs, and to provide more information about ethical clearance procedures, identify specific needs early on, and improve the timeliness of training schedules to improve accessibility.

- **Financial support:**

The amount of funding for scholarships could be revisited; case-by-case funding of PhD studies, accommodating the specifics of the data collection phase of each study could prove justified.

- **Career development:**

To improve career development for PhD graduates, it might be useful to intensify efforts to work with alumni (e.g. using the webpage). This could open up more possibilities for mobilising HEARD's professional network by linking graduates with relevant organisations.



## 4 Engagement and influence on policies and programmes

This section explores HEARD's engagement with and influence on policies and programmes. This component of their work reflects their efforts beyond the academic sphere, and the attempt to bridge the academic, policy and practice worlds. This section addresses the following questions:

- With whom and where has HEARD engaged to inform policies and programmes?
- In what ways and to what extent has HEARD influenced selected policies and programmes?

Within the shifting external context described previously, HEARD characterises its policy engagement aims as follows:

*'Our mission is to influence and support evidence-based policy and good practice to more effectively address Africa's health challenges and contribute to achieving health equity on the continent. Our applied research and our connectivities within civil society and affected communities enable us to bring valuable evidence and insight to health debates, policies and practices, while our technical expertise in, for example, situational analysis, strategy and programme development, health economics and financing, monitoring and evaluation, and capacity development, serve to strengthen particular health sector processes, outputs and outcomes.'*

*We primarily seek to increase the impact of our research and expertise through:*

- *high level technical assistance to governments, international agencies and other health sector partners, including short-term consultancies for discrete assignments as well as longer term contractual agreements to provide broad-based support to institutions,*
- *effective communication of research findings, including policy-friendly publications, social media and an accessible and information-rich website,*
- *leadership or membership of influential groups and events, including think tanks, networks, panels, working groups, discussions, conferences, and more.'*

HEARD's specific aims related to this work stream have been categorised in multiple ways in the three strategies (2011-2015, 2014-2017, 2017-2019),<sup>24</sup>. Other than the statement above, these top line strategies do not go into additional detail as to how the organisation's priorities will be taken forward. The executive director has characterised the organisation's overarching strategy as broadly twofold: efforts to help set global norms, and conduct regionally relevant research as a way to operationalise these global norms. The following section examines how these ambitions have manifested themselves in practice, including how HEARD has engaged at different levels and phases of the policy cycle, and their role relative to that of other actors.

## 4.1 WHERE AND WITH WHOM HAS HEARD ENGAGED?

From 2010-2015, HEARD has pursued a diverse engagement strategy, working with a range of institutions and at different levels of governance: global, regional, national and subnational. Annex 11 presents a list of 61 specific engagements, illustrating the breadth of their involvement. Annex 12 highlights several of what HEARD considers to be its key engagements.<sup>25</sup>

At a global level, HEARD has made strategic and technical contributions to the SDGs and UN agency strategies, addressing issues of sexual and reproductive health and rights in key populations, disability, sustainable financing, gender-based violence and gender equality. HEARD has worked with agencies and institutions including the UN Secretary General's Office, UNDP, WHO, UNHABITAT, UNFPA, ILO, IOM,

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<sup>24</sup> 2010-2015 strategy: To support leadership in integrating focused HIV responses into sustainable human development. 2014-2017 strategy: Goal 3. Create a robust network of international partners that combines knowledge, skills and reach to influence policy and practice aimed at responding to Africa's burden of disease and promoting public health on the continent; Goal 4. Establish a high level technical assistance team to support governments, international agencies and other health sector partners in their efforts to address national and global health challenges. 2017-2019 Action Priorities: 2. Advancing regional understanding in sexual and reproductive health and rights, including neglected issues such as unsafe abortion, early marriage, and LGBTI marginalisation. 3. Educating the current and next generation of health sector managers, strategists and decision-makers through a robust PhD programme. 4. Working on how states can best reconcile the ongoing costs of sustaining the fight against HIV and AIDS within the limitations of forms of universal health care (and perhaps the need for new, more effective health care coverage).

<sup>25</sup> In addition to specific engagements, HEARD staff have also served in leadership roles and as members of specialist networks and working groups, including leading the RIATT social protection working group, serving as the Chair of the Council of the Regional AIDS Training Network (RATN) from 2012-13, on the core planning group of the Regional African HIV/AIDS NGOs, SRHR Regional Funding Body, South Africa National Teenage Pregnancy Platform, South Africa National AIDS Council costing committee, and International Disability and Development Consortium (IDDC) task group on disability and HIV, among others.

Global Fund to Fight AIDS, TB and Malaria, GIZ, DFID, USAID, and the World Bank. Much of their work has taken place through three regional platforms: SADC,<sup>26</sup> the UNAIDS regional support team for Eastern and Southern Africa and the Regional Inter-Agency Task Team on Children Affected by AIDS.

HEARD has worked at a national level across the region, providing technical support to governments and other stakeholder groups in Malawi, Namibia, Kenya, Swaziland, Lesotho, Zimbabwe, and has been involved to varying degrees in developing investment cases for 14 countries in ESA. Within South Africa, HEARD has worked with the Department of Basic Education, and to a much lesser extent, the Department of Health. Several projects have been implemented at a subnational level in KwaZulu-Natal and Gauteng provinces.

HEARD appears to engage more often with decision-makers in ministries and executive agencies than with legislatures. They have worked with both civil servants/technocrats as well as elected officials (increasingly so), and with non-governmental actors who are also trying to influence policies and programmes.

## 4.2 IN WHAT WAYS HAS HEARD ENGAGED TO INFLUENCE POLICIES AND PROGRAMMES?

HEARD's engagement can be characterised by assessing several factors: when, in the policy cycle, HEARD has been most actively involved; how HEARD's involvement was initiated and how it has evolved over time, including how these engagements related to primary research; what roles HEARD has played and what their comparative advantages are perceived to be.

The policy process is typically characterised by five phases, each addressing specific questions and involving particular sets of actors: i) agenda setting (which issues warrant public attention and resources?); ii) policy formation (which specific instruments are most appropriate to address the policy problem?); iii) policy adoption (is there sufficient support among decision-makers?); iv) policy implementation; and v) policy evaluation (what are the effects of the policy as implemented in practice? How are the costs and benefits distributed? What are the unintended consequences?). These phases feed into one another, as such processes are often dynamic and non-

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<sup>26</sup> One of the few critiques mentioned in the 2013 mid-term evaluation was under-performance of SADC support. Interviewees did not perceive this to be a current concern and thought that the intensity of HEARD's involvement with the regional body over the years reflected SADC's work plan, rather than the relationship between the institutions themselves.

linear. HEARD works across multiple phases of the policy process, with efforts apparently targeted at both the beginning and the end of the policy cycle (Figure 6).

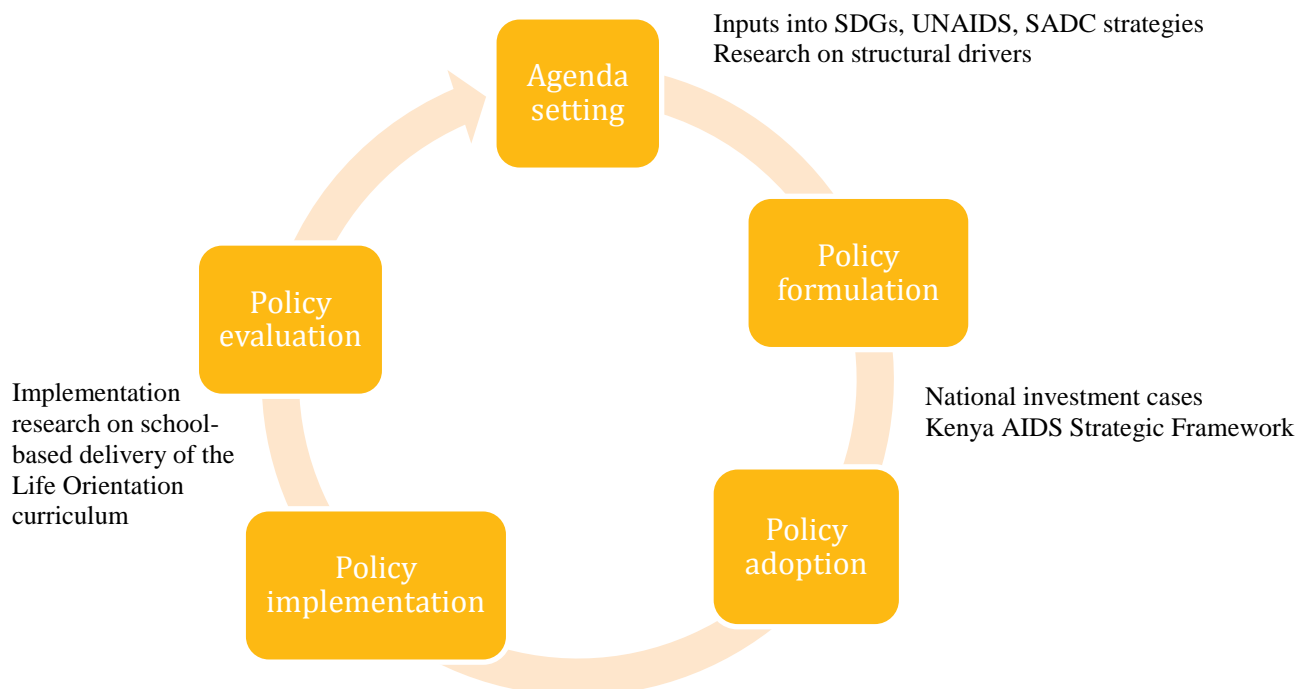


Figure 6: Examples of HEARD engagements at different phases of the policy process

HEARD is one of many organisations *setting agendas*, including contributions to UN and SADC goals and frameworks. Within academia and among practitioners, their research on structural drivers aims to shift the orientation of research into HIV from a biomedical approach to a more holistic perspective that encompasses the social determinants of health. HEARD's work with national governments to develop tailored investment cases, with the South African Department of Basic Education to create the Integrated Strategy on HIV, STIs and TB, and the executive director's involvement in leading the Kenya AIDS Strategic Framework development process are examples of their involvement in *formulating policy*.

HEARD has been less visibly involved in *policy adoption* – publicly advocating for passage of a particular piece of legislation, for example. Rather, their involvement in this phase has been linked to policy formulation, often through private meetings with high level officials to develop and then enact a new policy or strategy. Several of their comparative reports analysing VMMC and gender policies in each country in the region could indirectly contribute to national policy formulation and adoption by identifying policy options and encouraging countries to keep pace with their peers. Similarly, HEARD has been less directly involved in the *policy implementation* phase, and when they have been, it has predominately been through *policy evaluation* and the implementation of research findings – accompanying organisations who are delivering services to determine how policies have been implemented in practice and with what effects. Much of their work with DBE on sexuality education, such as

research into the delivery of the school-based Life Orientation curriculum, are examples of their work at these latter phases of the policy cycle.

Some large international organisations work across multiple phases of the policy process, although organisations typically specialise in one or two aspects. Therefore, the diversity of HEARD's approach is surprising, particularly given their size.

- **Initiation and evolution of HEARD'S involvement**

Mirroring the diversity of HEARD's range of engagements, the ways in which the organisation became involved in them has also been quite varied. Their approach appears to be predominantly responsive, providing inputs and responding to high level requests for their participation. In some cases – KASF and DBE (via USAID) – the engagement was initiated through a competitive selection process in response to an open call for proposals.

In addition to responding to requests, HEARD has also convened key actors. Most recently, for example, they hosted a private meeting with ministers of health from six countries in the region. HEARD also maintains a proactive presence in key contexts, such as the biannual international AIDS conference, and is closely involved in strategic, high visibility platforms to monitor emerging trends and engage in discussions on key issues. HEARD staff attribute many of the external requests they receive to the credibility that the organisation and specific individuals have gained over time as a result of their work – not just one article or research project, but HEARD's cumulative body of work and experience established over time. They recognise that the progress of their work and the intensity of their involvement is not always linear and that the links between discrete pieces of work are not always immediate.<sup>27</sup> This is, in part, a function of the difference in timelines required for conducting substantive primary research and responding to a specific request from a decision-maker.

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<sup>27</sup> That said, there are clear examples of sustained engagement over time and across projects for particular issue areas and with specific institutions. For instance, HEARD staff have a history of research on children and adolescents and Kay Govender chairs the RIATT working group on social protection. As part of the July 2016 issue of the *African Journal of AIDS Research* on fast-tracking HIV prevention (guest edited by Kay Govender and Nana Poku), they published an article on social protection for children and adolescents in ESA, timed to be released for the international AIDS conference. The UN subsequently asked them to provide written inputs to a global document on the implications for Africa. HEARD is also part of an international team evaluating the DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe) initiative with adolescent girls. Similarly, their work with DBE has involved a number of projects over the years. Interviewees remarked that being based at a university helped to ground and enable the development of longer term, research engagement portfolios.

Although the trajectory of different issue areas and projects has varied, both HEARD staff and external interviewees remarked upon the evolution of HEARD's engagement in policy over time and the increased emphasis on policy engagement in recent years. One respondent described HEARD's institutional repositioning from research centre to broker between science, policy and programmes, pursuing a hybrid model in the age of implementation science that illustrates what the role of academia in the 21<sup>st</sup> century could be.

Health economics remains a core element of HEARD's work, and indeed its name, now focused on the effective allocation of resources through an investment framework and aiming at domestic resource mobilisation. The mid-term evaluation raised health economics assistance as an unmet need. Several interviewees noted that the costing of interventions was still receiving insufficient attention. However, HEARD's focus on structural drivers and emphasis on key populations was seen as a particular strength, so the organisation now seems to be known less for health economic studies and more for its broader contribution to global health research and policy.

- **HEARD roles and comparative advantage**

Interviewees identified two primary roles HEARD plays, alongside particular strengths the organisation is perceived to possess relative to other research centres and actors from other sectors. First, and most frequently, people mentioned HEARD's function in generating high quality evidence and conducting rigorous analyses. This contribution was often in the context of initiatives involving people from the public and NGO sectors. External stakeholders indicated that the production and analysis of evidence provided HEARD and partner institutions with a solid grounding in the data necessary for formulating tailored strategies and policy. Partnership with an academic institution like HEARD enabled officials and practitioners to conduct pertinent research, reflect on their findings and adapt interventions according to these results, a rare opportunity given the unceasing demands of service delivery.

HEARD staff characterised academic research as an anchor for their work, consisting not simply of primary data collection, but more broadly, bringing together, in a systematic manner, a body of knowledge grounded in social science. This evidence, in turn, was perceived to have increased the legitimacy of other organisations' advocacy on specific issues. In the field of HIV in particular, high quality evidence was seen as crucial to credibility and influence. As one official remarked, *'At the root of this relationship and some of the things we've done with [HEARD] was really to make sure that evidence drives policy, drives strategic development, drives interventions.'*

Second, HEARD plays a bridging and brokering role, working across sectors and to span the typically siloed spheres of research, policy and practice. Separate interviewees mentioned HEARD's ability to speak both the language of researchers

and the language of politicians. They gave examples in which HEARD was able to engage international experts on TB, social protection and sexual behaviour to participate in various projects. They described how the relationship with HEARD enabled them to disseminate information to a wider audience through conference presentations and peer-reviewed journals, linking practitioners to the research community. Also, because HEARD staff have nurtured relationships with high-level officials in governments and the UN, they are able to act as a strategic broker, creating space for decision-makers to engage with the evidence and discuss controversial issues. HEARD staff reported that international organisations rely on them to open doors in the region.

Interviewees identified several ways in which HEARD has a comparative advantage in these roles. As a regionally embedded institution, geographically located at the heart of the AIDS epidemic, HEARD has a deep understanding of the regional context. The vast majority of universities and research centres work at a national level, or were characterised as doing work of global resonance, but with less direct engagement and influence. HEARD's understanding of the regional context is reflected in the quality of their analyses and was perceived to reinforce their legitimacy in raising difficult issues – the punitive legislation against men who have sex with men, for example – for which other international actors would be critiqued. The increased potential for influence because of its regional grounding was perceived to be true for RIATT as well. Multiple HEARD staff members independently used the word *trust* to characterise their relationships with government leaders and other influential stakeholders.

The applied nature of HEARD's research was highly valued. External interviewees found it to be relevant and realistic, instructive in terms of identifying feasible options and guidance for good practice in a particular context. The analyses of national strategic plans and national VMMC policies across the region are examples of this. Interviewees contrasted the applied nature of HEARD's work with what were perceived to be hollow recommendations emerging from research conducted by other sources that did not consider the conditions in which interventions would be implemented, much less brought to scale.

Relative to national stakeholders, HEARD was perceived to provide a valuable, independent voice that could analyse options from an open-minded, evidence-based perspective. In both the KASF and DBE engagements, HEARD was facilitating multi-sector processes to develop national strategies that required the involvement and endorsement of actors and institutions beyond the health sector, many of whom had little background in HIV. Therefore, these were not simply technical exercises where a discrete research-based intervention could be selected and seamlessly scaled nationally. Rather, these multi-stakeholder processes raised tensions in terms of the competition for resources and authority, and HEARD had to negotiate different institutional mandates and incentive structures.



- **Key elements of HEARD's engagement approach**

HEARD's overall approach could be characterised as one of strategic opportunism. HEARD staff acknowledged the importance of strategies directing their work, but also the need to remain flexible and live with short-term ambiguity in order to adapt to the shifting global health terrain and the broader context in which they operated.

Among external interviewees, three elements of HEARD's approach to engagement stood out. First, they, too, remarked upon HEARD's agility and flexibility, and emphasised the benefits of this style, particularly when working with governments, since priorities can shift. Second, they found HEARD staff accessible and responsive, able to react quickly when needed, particularly compared to other universities. Several people mentioned a willingness to go above and beyond what was expected. Third, interviewees found HEARD staff to be very straightforward, people with whom they could engage at an intellectual level holding one another to account, while recognising the particular constraints faced by their respective organisations. On the whole, external stakeholders spoke highly of HEARD, using language such as, 'fantastic', 'excellent', 'precise', 'thoughtful contributions', 'very fruitful', 'instrumental', 'analytical', 'great leader', 'very bright', 'commands a lot of respect', and 'very personable'.

### 4.3 TO WHAT EXTENT AND HOW HAS HEARD INFLUENCED POLICIES AND PROGRAMMES?

HEARD purposefully does not present itself as an advocacy organisation. In this sense, their approach is subtler than outspoken calls for public commitments by policy-makers, and therefore more difficult to directly observe and triangulate across multiple sources. HEARD's influence appears to relate more to the *what* and *how* of policy processes, rather than determining *if* something would have occurred. That is, rather than initiating a new process or action, HEARD more frequently influences the specific context and processes by which decisions are made – engaging particular actors and strengthening the extent to which evidence is considered. For example, national strategic plans and investment cases, which are required by many international donors, would have been developed regardless. The Integrated Strategy on HIV, STIs and TB is just one of a number of integrated programmes at the Department of Basic Education which also address nutrition, gender-based violence, bullying, alcohol and drug use, depression and suicide, health screening, deworming and immunisation services. Without HEARD's involvement, however, specific provisions and processes might have been different.

When asked about policy changes, interviewees gave examples of advances over previous years, including many of the trends described at the outset like the Fast Track strategy and the increasing rights focus of national strategic plans (NSPs). DBE's Integrated Strategy, in addition to guiding their own work, was recognised by other government departments and served as an example on how other departments



could develop sector responses rooted in evidence and aligned to a national strategy. The recent *Resourcing Resilience* report was also thought to be impactful, focusing attention on the issue and prompting discussion, consultation and response.

In contrast to these improvements in policy, interviewees mentioned retrenchment in other areas, such as attempts to toughen punishment against people in same sex relationships. They also discussed ‘live’ policy processes that are still unfolding, changes that may become more evident in the near future. HEARD staff are modest about the extent to which their involvement led to specific positive improvements, and acknowledged the difficulty in trying to inject evidence into decision-making, given the many political, financial and logistical factors involved.

As noted, a number of organisations work on similar issues, play roles that overlap with HEARD, and publish technical reports and policy briefs. External stakeholders varied in their awareness of HEARD’s work. Some knew about the organisation only through collaboration with a single individual on a discrete project. Others gave multiple examples of longstanding institutional collaboration. Some people working on HIV in the region said they did not know enough about HEARD to provide feedback for the evaluation.

When asked what they wished had happened that has not yet taken place, three main points emerged.<sup>28</sup> First, interviewees commented on the proliferation of policies and strategies, and the need for a stronger focus on policy implementation. This includes operationalising the details of policies, as well as scaling up implementation research based on the most promising approaches, under real conditions, to improve delivery and assess changes in development outcomes. Second, a number of people remarked upon the slow progress in raising domestic resources. Third, they discussed human rights barriers and discrimination against vulnerable groups, and the difficulty in advancing sensitive political issues in particular country contexts. These concerns echoed many of the challenges identified in the 2013 UNAIDS *Smart Investment* report, namely, pursuing inherently political processes requiring difficult decisions by diverse stakeholders; structural constraints; punitive legal environments for key population groups; and limited fiscal resources for substantially increasing investments.

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<sup>28</sup> Additional challenges raised related to obstacles in gathering the data needed for an evidence-based decision-making approach: the variable quality of data, the location of information in many different places, and complications in gathering data on children and young people in particular. More broadly, a challenge faced in the field is how, practically, health and its social determinants are comprehensively addressed.

Across several engagement areas, a number of factors were perceived to have influenced the extent of change that has occurred: global norms like the Fast Track targets; the strength of the analysis and sound arguments which can provide decision-makers with greater confidence to address controversial issues; the quality of the data and national M&E systems and resources; and the extent to which new policies and interventions are integrated into existing data collection, planning and management systems. Even more influential, however, were relational and political factors: relationships between agencies and organisations within a country, between national officials and external actors (i.e. international donors, UN agencies), and between those advocating for change and decision-makers; the presence of internal champions, i.e. strong leadership at early stages and forward-looking thinkers who can see past a high-level political commitment in the present to potential issues arising in the future; and the pressures of competing political agendas. These factors are consistent with much of what has been identified elsewhere in the literature on policy change (for example, Kingdon 1995; Court and Young 2003; Shiffman et al. 2016).

Multiple interviewees emphasised the importance of individual relationships and private spaces for decision-makers to raise questions, discuss sensitive issues and voice concerns. Such relationships rely on trust, which takes time to build. Interviewees remarked upon the need for a well-established national base, bringing together partners who have the legitimacy to influence political processes and experience in the area so that the request is not perceived as externally imposed (by academics or advocates trying to advance their own agendas). Policy engagements must be sensitive to the realities that decision-makers and implementers face and anticipate the outcomes for which these actors are accountable, which may not be health outcomes.

## 5 Institutional capacity

HEARD's institutional capacity provides the necessary preconditions for supporting and delivering results. This chapter assesses aspects of HEARD's institutional capacity such as governance, management, financial capacity and sustainability, and seeks to answer two broad questions:

- What are the strengths and weaknesses of HEARD's institutional capacity?
- What is HEARD's potential and what are the alternatives for establishing a self-sustaining research institution post-Sida support?

### 5.1 GOVERNANCE AND MANAGEMENT OF HEARD

HEARD was established as a research division within the College of Law and Management at UKZN, originally focusing on HIV/AIDS and health economics. HEARD has, since its inception, operated quite independently, but follows UKZN procedures for HR/recruitment, finance and procurement, admission and fee structure for PhD students, etc. As HEARD continued to grow, direct supervision from UKZN switched from the dean to the deputy vice chancellor research (DVC) and dean of the college. This change in line management raised the profile of HEARD and, according to the DVC, also improved the relationship between HEARD and UKZN.

HEARD has a board of seven governors, including two representatives of UKZN (one of them the director of the hosting college), a representative of UNAIDS, one from the African Regional Network, and one international and one national professor. The board is chaired by the national director of the Legal Resources Center. The majority of board members (n=5) have a background in economics and/or law, and three of them have specialised in HIV/AIDS. The board provides overall leadership, policy guidance and support and helps to build national, regional and international networks.

HEARD is managed by the executive director, who is supported by a research director, leading the three research programmes, and the operations director, responsible for administrative, financial and operational affairs. The three directors comprise the senior management team (SMT). The 2014 change in senior management, replacing the founder with the current executive director, led to a strategic shift in HEARD's profile and activities, broadening the scope of topics it covered. The PhD programme is supervised by the academic programmes director under the guidance of the executive director.

HEARD is challenged by its institutional location within UKZN. It is a professionally autonomous research centre with its own procedures, but is a part of the university structure and must operate in line with its procedures. This leads to parallel administrative systems. Such double structures may prevent opportunities for fraud and corruption and provide more security and transparency in administrative and financial affairs, but can also result in complex, lengthy administrative processes and reduced efficiency.

## 5.2 HUMAN RESOURCES

### • Staff size and profile

HEARD was founded with three staff and has grown to an average of 36 staff over the last six years, peaking at 44 in 2013 and declining to 24 in 2016, the lowest number in the period under review (see Annex 14).

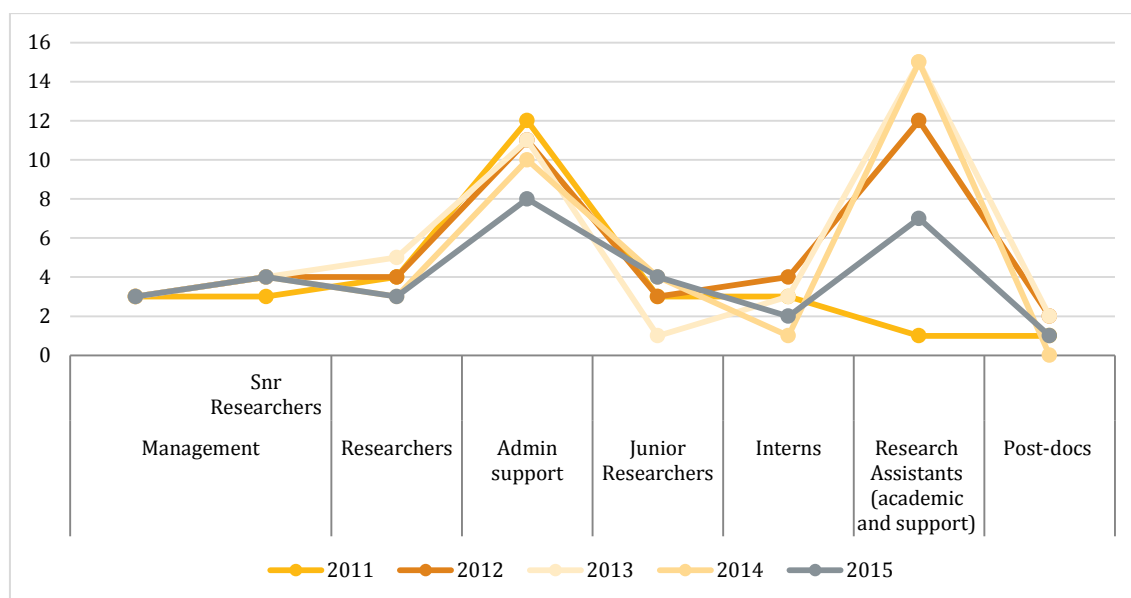


Figure 7: HEARD staff trends by cadre 2011-2015

All HEARD staff are paid through external income, either project grants or core funding, except for the ED's salary, of which 35 per cent is paid by the university. The research director post is tied to a permanent position within the university. In addition to core staff, HEARD employs staff on a project basis. As such, the number of temporary staff (researchers and research assistants) fluctuates from year to year. HEARD offers fixed-term, renewable contracts of one to two years, with a clause allowing termination if funds are not available. As one staff member noted, '*The advantage of having fixed-term contracts is that it protects HEARD in case of financial constraints as it would be easier to let staff go without legal repercussions.*'

HEARD has a limited number of senior researchers and researchers who are able to take the lead in preparing and managing research projects, but a relatively large number of research assistants. Thus HEARD has only a small group of senior

researchers. HEARD staff are primarily young; only two staff members are over 45.<sup>29</sup> This may have long-term benefits for HEARD, but the limitations in senior capacity are obstacles to expanding and managing new projects and generating more income.

HEARD has a high number of administrative staff, constituting approximately one third of all staff, ranging from a peak of 50% in 2011 to a low of 28% in 2014. They include a financial manager and finance administrator, HR officer, communications officer and three general administrative staff. In 2017, an additional pre-award office will be established to manage grants and prepare proposals. While this office will support the acquisition of grants, it will add another administrative position and change the already unequal ratio of administrative to scientific staff.

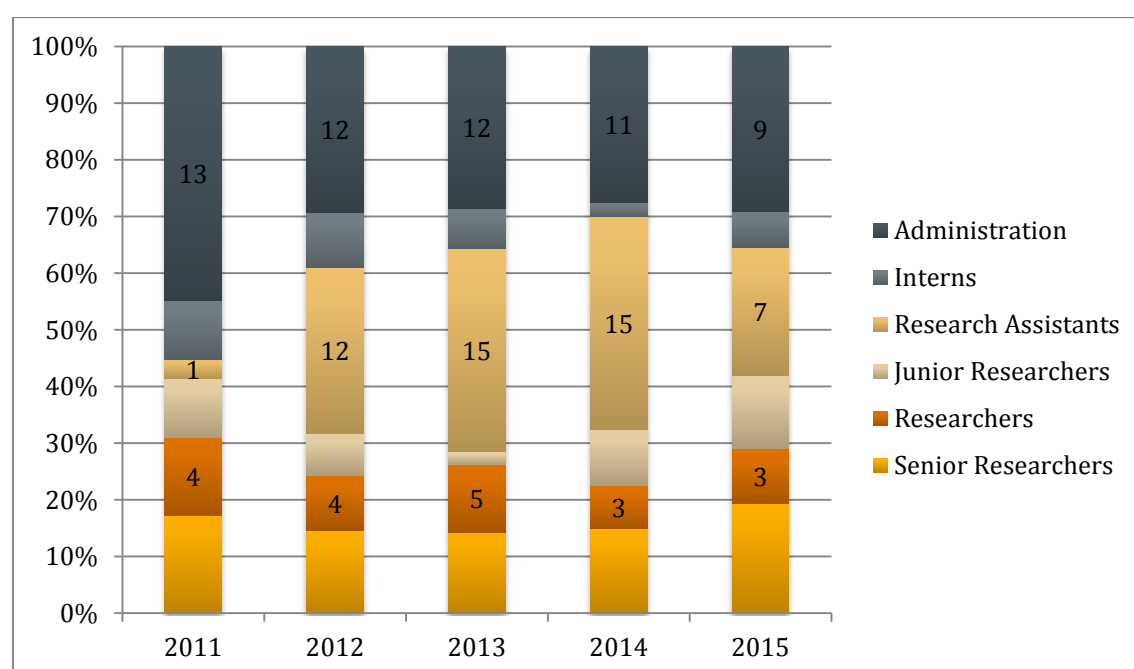


Figure 8: Composition of staff by work tasks<sup>30</sup>

#### • Staff satisfaction

HEARD has a retention rate of about 80 per cent, which is within the range of the HR academic setting in South Africa. Of the 24 current staff members in 2016, 18 (75 per cent) have been with HEARD for over five years.

HEARD staff are satisfied with their employment and career perspectives. Most of the staff interviewed felt that their salaries were competitive within academia in South

<sup>29</sup> Age distribution of staff within HEARD: 25-34 years: 6, 35-44: 16, 45-54: 1, 55 – over: 1.

<sup>30</sup> Number in pillar is number of staff.

Africa and not too different from their colleagues who are UKZN permanent staff. Until 2013-2014, HEARD salary scales were 5-10 per cent higher than those of university staff. The reasons for this refer to compensations paid due to the difference between project focused and UKZN lecturer roles, additional UKZN benefits including the housing subsidy, and a 13<sup>th</sup> month pay cheque not offered to HEARD staff. For other employment benefits including pension, medical aid and providence funds, HEARD staff become eligible after three months of employment. These benefits are comparable to those of a permanent staff member within the university.

Overall, current staff are optimistic about future job prospects, expecting that HEARD will generate more funds soon. Staff – particularly junior staff and interns – viewed working at HEARD as an investment in their career and personal development. Interviewees expressed their appreciation for and provided specific examples of on-the-job training and mentoring from their supervisors and SMT. As one staff member summarised:

*“Very good chances for personal and career development, inspiring institution, good opportunities for international collaboration and growth, extremely supportive environment. I get all the resources I need. If I need anything like equipment, support, advice, conference fees etc. I can get it any time. We love the open-door policy type of management of Nana and Kay”.*

### 5.3 FINANCES

For the past ten years, HEARD has benefited from core funding. Previously, the joint funding arrangement (JFA) involved UNAIDS, Sida, NORAD, DFID and the Royal Netherlands Embassy. This core funding covered almost the entire budget for HEARD, in particular staff salaries. Currently HEARD receives core funding only from Sida.

HEARD’s financial management team consists of a financial manager and one administrator. All partner agreements and contracts are reviewed by the UKZN legal department and signed by the dean of the research department. All donor funding to HEARD is channelled through the university and charged an administration fee of 2.5 per cent. HEARD has no direct access to detailed project budgets by line item expenditure, as the central finance of UKZN controls all expenditures and bank accounts. While this ensures better control by UKZN, as well as safer, clearer administration and the financial management procedures, it poses a challenge to HEARD’s project management and monitoring of researchers, and leads to delays in grant processing.

In 2016, core funding from Sida is expected to cover 68 per cent of the total budget for HEARD. The overall growth in 2015 (32 per cent) and estimate for 2016 (23 per cent) is relatively good, but the growth in “other projects” and “other income” is too low compared to core funding. The evaluation team has not received any information

to be able to identify the specific role of HEARD (main contractor vs. subcontractor) or the specific kind of donors for the evaluation period. Hence, it is uncertain if the expected R 12 million increase in 2016 of income from other donors will be realised. HEARD has only begun to make the transition from a primarily core- and donor-funded research centre to a sustainable centre based on sound business principles (ability to generate sufficient resources through research projects, training and consultancy work).

The increase in non-core funding could reflect the strategic shift within HEARD, starting in 2014. The main non-core income arises from research and other project grants, while other income through consultancies and training fees accounts for an average of only 3.4 per cent (each year from 2013 to 2016), reflecting the main activity areas of HEARD.

Source of Income	2013	2014	2015	2016 Estimate <sup>31</sup>
<b>Sida</b>	19.840.604	18.846.097	21.998.743	25.300.000
<b>Other Projects</b>	3.942.459	4.083.422	6.292.557	10.000.000
<b>Other Income</b>	691.212	82.975	2.101.082	2.000.000
<b>Total</b>	24.474.275	23.012.494	30.392.382	37.300.000
<b>% Growth (Decline)</b>	n/a	-6%	32%	23%
<b>% of Non-Core Income</b>	<b>19%</b>	<b>18%</b>	<b>28%</b>	<b>32%</b>

Table 1: Summary of HEARD Income (ZAR) by source 2013 -2016

The graph below shows the percentage distribution of income between Sida, other donor-funded projects and income from consultancies and training fees.

<sup>31</sup> Final figures for 2016 were not provided.

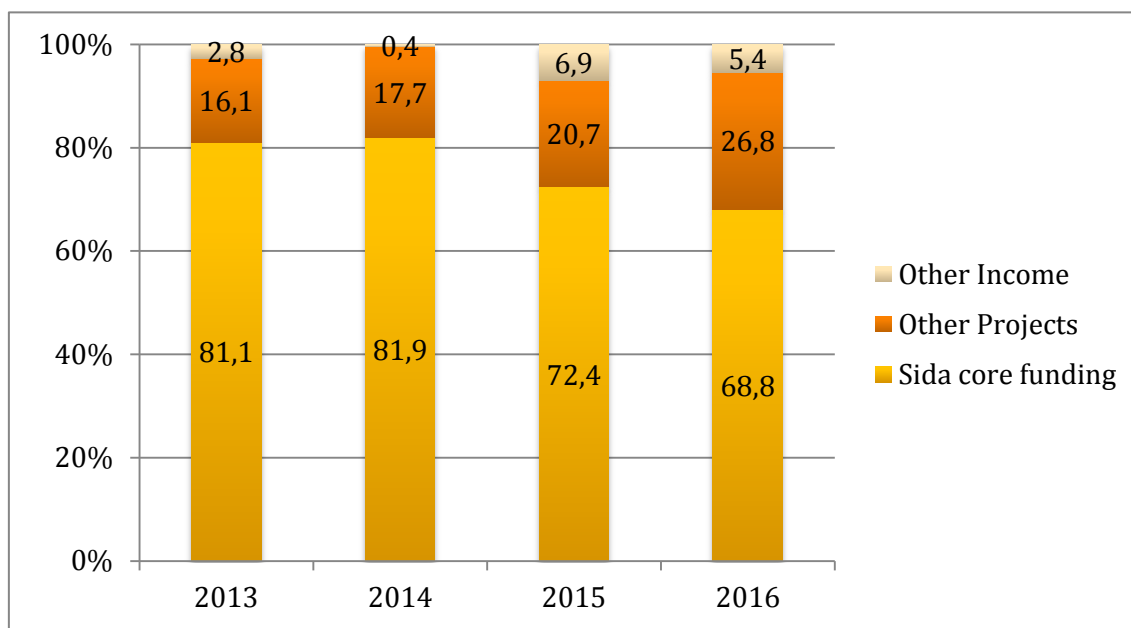


Figure 9: HEARD income by sources (% of total)

HEARD has only limited financial reserves, estimated at R 15 million, equivalent to 36 per cent of its income for 2015, with an increase of 36 per cent from 2015 to 2016.<sup>32</sup>

### 5.3.1 Overheads and subsidies

HEARD generates most of its income from external donors such as Sida, which supplies core funding, and from research grants and consultancies. For all grants HEARD charges an overhead (OH) rate of 17.5 per cent, which in 2016 amounted to R 1,827,240. The entire overhead is retained by UKZN to compensate for university support.<sup>33</sup> Overheads consist of 15 per cent for the College of Law and Management and 2.5 per cent for UKZN administrative support. Occasionally, donors negotiate with UKZN for a lower overhead rate, leading to delays in submission of grant proposals. When administrative costs are not included in the budget, HEARD may negotiate with UKZN to cover a portion of administrative staff salaries. There is no overhead charged for Sida's core funding.

<sup>32</sup> Numbers for 2016 are estimates.

<sup>33</sup> This covers rent and utilities, payroll support, financial division support, library access for staff and students, research office support, legal support, procurement support, environment support including security, and IT support including internet.



Overhead charges increased from R 491,201 in 2013 to 1,092,871 in 2015 and were estimated to reach R 1,827,240 in 2016<sup>34</sup>.

In general, the government of SA provides subsidies to universities to reward academic publications and PhD graduates as a gratification for the educational institution. The amounts paid as subsidies to the university depend on the number of publications and PhD graduates by year and are paid to UKZN (two or three years later) and remain in the university budget with no financial benefits for HEARD or any individual member or student of HEARD.

HEARD contributions to UKZN from overheads and subsidies are significant and amount to more than R 25 million for the past four years (2013-2016). Subsidies for publications were the most profitable source of subsidies for UKZN, with around R 4,200,000 on average per year. Income through subsidies for PhD graduates increased from R 500,000 in 2013 to R 2,500,000 in 2016 (see Annex 16).

Each year between 2013–2016, an average of R 5,085,712 was raised through HEARD project overheads, publications and graduated PhDs, increasing to R 8,527,240 for 2016.

Between 2013–2016,<sup>35</sup> more than half (63 per cent) of UKZN income, based on HEARD outputs, was related to publications, almost a quarter (22 per cent) was based on the number of graduated PhDs and only 16 per cent was related to overheads. Outputs based on Sida's core funding, which enables academics to write publications and provides support for the PhD programme, generated most of the additional income for UKZN, while overheads related to research projects represented the smallest proportion of additional income.

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<sup>34</sup> At the time of report writing no newer data were provided.

<sup>35</sup> Including the estimates for 2016.

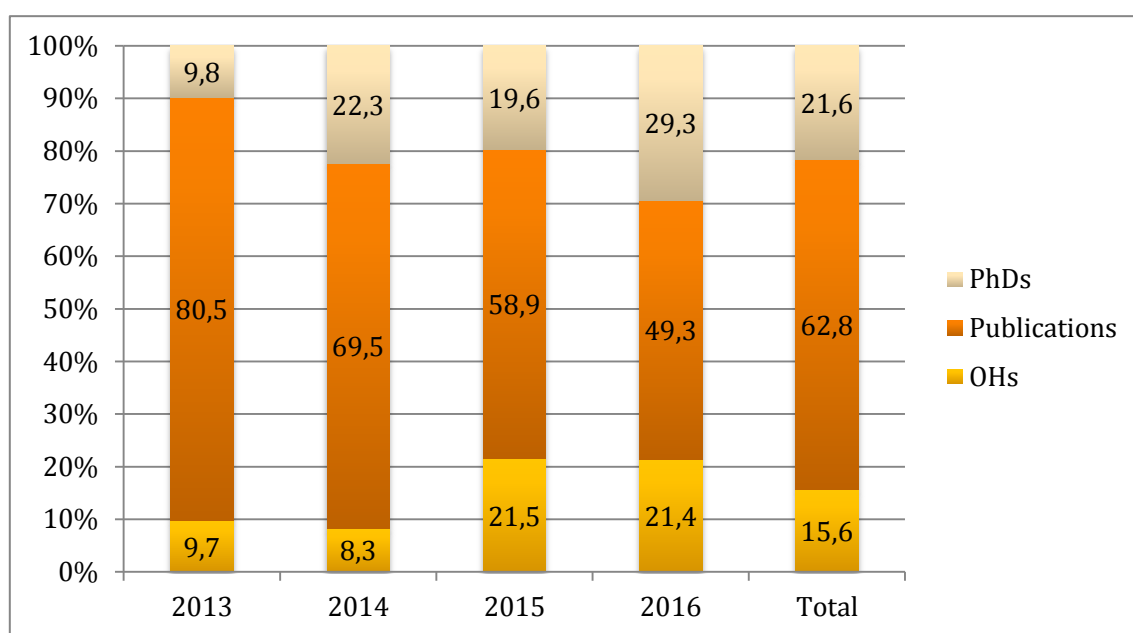


Figure 10: Share of UKZN subsidies and OHs 2013-2016

Reduced overhead rates could increase HEARD's ability to win grants in competition with other institutions for limited donor resources. Subsidies paid by the government for publications and PhDs to the university could be a relevant source of income, especially since HEARD is active in producing scientific publications. A share of those subsidies would help HEARD to benefit more from donor funding and increase its reserves.

Even though efforts have been made to diversify donor support and income sources, HEARD's potential to be a self-sustaining institution is limited. Even the reimbursement of subsidies by the university for publications and PhD students, along with a lower overhead of e.g. 2.5 per cent for administrative support of UKZN, would not generate enough income to cover the operational costs of HEARD.

## 6 Conclusions

Based on the review of HEARD's strategies, scientific research projects, collaborations, outputs, quality, uptake and utilisation, research capacity-building, engagements to influence policy and programmes, and institutional capacity, this chapter returns to the overarching evaluation questions:

- To what extent and how has HEARD been able to achieve its strategic objectives?
- What is HEARD's potential and what are the alternatives for establishing itself as a self-sustaining research institution?

HEARD has an average of 36 research and administrative staff and a budget of ZAR 30 million (~€2.1 million) in 2015. It has completed 113 research projects, produced 206 academic publications and 71 reports and briefs, enrolled 29 doctoral students and graduated 16 new African PhDs. HEARD has also been engaged in several policy processes at global, regional, national and subnational levels. These outputs demonstrate HEARD's ability to deliver across its strategic areas. HEARD has been a productive research centre, particularly relative to the size of its staff and budget.

This report has demonstrated the relevance and quality of HEARD's work. However, HEARD's ability to deliver and maintain this level of outputs continues to depend heavily on core funding from Sida, and must rely on a small number of senior staff. Its potential for establishing itself as a self-sustaining research institution in the short to medium term is still low.

### 6.1 HEARD'S POTENTIAL AS A RESEARCH CENTRE OF RELEVANCE AND EXCELLENCE

HEARD's strategy focusing on scientific research, research capacity-building for Africa, and efforts to influence policies and programmes, remains relevant to the needs of the ESA region. Over the last six years and particularly since the new executive director took office in 2014, HEARD's thematic, geographic and functional focus has expanded. This expansion has helped the organisation to adjust to a shifting external context. Parallel to the transition from MDGs to the comprehensive SDGs, HEARD's research has broadened from a focus on HIV/AIDS and health economics to sexual and reproductive health and rights, social protection and strengthening health systems.

The demand-driven orientation of HEARD's engagement with policies and programmes makes its involvement relevant by nature, in that HEARD is responding

to requests on issues that external stakeholders have determined as needing action. Several people expressed a desire for HEARD to expand its engagements both thematically and geographically, working with sectors beyond health and education to develop integrated responses in other policy areas, provide additional support and engage with more national governments within the ESA region.

HEARD consistently published in the top quartile of journals in their respective fields. Other research centres are producing higher quality research according to this measure, but given HEARD's focus on applied research, the journals in which they are publishing are appropriate for the type of work they do. The dissemination and use of their research results through policy briefs and technical reports for decision-makers and practitioners could be improved by more explicitly targeting specific users.

The PhD programme appears to be highly effective for the small number of students from 11 African countries who benefit from personalised support and flexible management. The dedicated funding from Sida for the PhD programme has helped to improve monitoring, supervision and support for the students.

The scholarships, which are open to applicants across the continent, give HEARD the opportunity to choose students from a large number of applicants. However, there are serious shortcomings in the monitoring and tracking of applications – information that could provide strategic direction to the PhD programme.

Those students who can be traced are working in Africa, an advantage over other PhD programmes whose graduates do not always return to their home countries.

In terms of HEARD's policy engagements, the organisation has been one of many actors contributing to agenda-setting, strategy and policy formation, as well as the evaluation of policies which have been put into practice. HEARD's embeddedness in the region gives them legitimacy in raising difficult issues – something for which other international actors would be criticised. Relative to national stakeholders, HEARD was perceived to provide an independent voice. Taken together, HEARD is well placed to be a regional research centre of excellence because of its experience in the region and its ability to work across research, programme and practice domains.

## 6.2 HEARD'S POTENTIAL TO SUSTAIN ITS WORK

HEARD's potential to sustain its work depends on several factors: scientific quality, institutional and organisational capacity, and, not least, its ability to mobilise financial resources. HEARD's expansion has enabled the organisation to become relevant across a broader range of thematic areas, institutions and geographic locations. However, HEARD's modest capacity limits its ability to achieve its ambitious goal of becoming a regional/global centre of excellence. HEARD will need

to prioritise efforts and/or increase in size in order to match its ambition. Without a commensurate growth in research staff and funding, any expansion poses substantial risks to the quality of work, staff burnout and retention. Moreover, even if new resources become available and more staff are hired, it may become a challenge to apply the same flexible engagement style and open door policy for students.

In terms of staff capacity, activities ranging from scientific research and PhD supervision to policy and programme engagements are led by a relatively small number of senior researchers. HEARD is well aware of the risks of continued dependence on key staff. Junior staff are increasingly involved in high-level meetings, but it will take time for them to gain a sufficient level of confidence and experience to operate at the level of senior colleagues. Any institution faces the challenge of a break in continuity when key staff leave, but this is even more so for HEARD because there are so few key/senior staff.

As discussed previously, HEARD remains largely dependent on Sida funding. The organisation has gradually increased alternative resources over the last few years, but Sida still covers most its budget. Recovering more overhead charges and subsidies is a short-term measure and can increase income levels. Other universities use different models to determine the allocation of overheads (see Annex 19). For example, the Wits Health consortium operates as an autonomous centre, whereas the Institute for Human Virology at the University of Maryland remains closely affiliated with the parent university but has a clear overhead revenue-sharing formula. Most centres tend to keep the larger proportion of overhead income, with the proportion going to the university commensurate to the support they provide to the research centre.

Even considering a slight increase in income from projects funded by other donors than Sida, overhead recovery and even the revenue generated by subsidies will not be sufficient to cover the activities and staff costs that Sida is currently funding.

In 2017, HEARD assigned a pre-award office to support proposal preparation. This will also require substantive involvement of senior research staff, so increasing the number of proposals HEARD submits will reduce the amount of time staff have for conducting, analysing and publishing research, supervising students and engaging in policy processes.<sup>36</sup> Even so, this step appears useful and is a way forward in building a support structure for grant acquisition and long-term sustainability.

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<sup>36</sup> Not all proposals will be funded. As one research collaborator noted: 'We have submitted six grant proposals, two of which were funded, in a five-year period, which is a pretty good success rate (33%).' Research council funding portfolios can shift over time (as has already happened with HIV funding) to areas where HEARD is less interested or not able to investigate. Moreover, research grants will not

Consultancy projects have the potential to generate higher fees than research. This type of work is tied to specific client ‘deliverables’ so researchers have less scope to shape questions and methods. Consultancy projects often operate under shorter time frames, so will not provide sustained financial support for staff salaries and will not fund policy engagement.

To achieve sustainability in the long term, it will be necessary to develop a strategy for acquiring multi-million and multi-year grants that would provide more stable income, while keeping in mind the limitations in terms of human resources. This strategic effort should be accompanied by the identification of donors whose funding priorities match HEARD’s expertise; these might include National Institutes of Health (NIH), USAID, Centres for Disease Control and Prevention (CDC), European Commission (EC), and the Wellcome Trust, among others. Most of these are already funding HEARD so a precedent has already been set and relationships established. Some funders may require HEARD to apply as part of proposals led by investigators in the donor country.

HEARD could also create more partnerships with other African universities, e.g. in Northern Africa, which already have higher levels of funding from larger donors, as a way of gaining access to more resources and funding. However, this would have implications for HEARD: working on large initiatives through a consortium structure – an increasingly common method used by international donors to channel development funds – will reduce flexibility and may limit direct lines of communication and close relationships between HEARD and decision-makers and practitioners. Therefore, HEARD is challenged to develop a medium-term as well as long-term strategy for sustainability and to be flexible in realising plans for expansion and sustainability.

In conclusion, HEARD is currently not able to be a financially self-sustaining institution, at least in the short term. HEARD has high ambitions (e.g. ‘to become a global leader’) but limited human and financial resources available. Currently, there is little opportunity to build reserves<sup>37</sup> and even where this might be possible, HEARD cannot sustain itself with the current number of projects funded outside the core funding provided by Sida. The acquisition of new grants will not enable HEARD to become self-sustaining in the short term, but may have potential to do so in the longer term. However, self-sustainability will be influenced not only by the number

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fund policy engagement efforts.

<sup>37</sup> Depending on outcomes of negotiations on overheads and subsidies.

and amount of grants HEARD may acquire, but also by the future availability of funds for the specific topics HEARD works on. Assuming that HEARD uses its existing income to strengthen its internal systems, especially financial and grant management capacity, this could position HEARD to attract more and larger grants, moving forward on a path to sustainability.

## 6.3 HEARD'S FUTURE OPTIONS

Since its inception, HEARD has attracted core support from several international donors. Sida continues to provide core support, but such flexible and predictable funding will sooner or later come to an end. This change is part of a larger international trend. Most independent or semi-independent research institutes in Western countries have also lost block grants and core funding and have been forced to generate all or most of their income through competitive processes or other arrangements.

How can HEARD become financially sustainable in future, and what are the most viable alternatives? Two dimensions affect financial options<sup>38</sup>:

- *An organisational dimension* – describing alternative institutional locations and partnerships.
- *A strategic/programmatic dimension* – presenting alternative future directions for HEARD.

Those two *can*, to an extent, be controlled, or at least influenced internally. HEARD can decide where it wants to be located and what strategy/profile it wants to pursue. There are organisational and market limitations, but HEARD has a level of freedom and flexibility in how it positions itself.

HEARD is currently located within the University of KwaZulu-Natal as a semi-autonomous research centre. Last year, SMT consulted a range of stakeholders and presented the board with the following scenarios for the future: (i) HEARD pursues a non-profit organisation route; (ii) HEARD remains an expanded centre at UKZN; (iii) HEARD seeks to relocate to another university in South Africa; (iv) HEARD seeks an international university affiliate to cooperate with regionally. Discussion of these scenarios resulted in a decision to remain affiliated with UKZN and negotiate for a higher proportion of overhead revenues.

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<sup>38</sup> Due to the limited availability of financial information available such as expenditures, the scenarios focus on those two dimensions.

The second dimension relates to HEARD's future strategic orientation, there are at least four different, potentially complementary roles for the organisation to fulfil:

- *A research focus* – emphasising HEARD's role in doing applied research in selected thematic areas.
- *A teaching focus* – building HEARD's role in training and research capacity-strengthening, which would be in line with the larger role of the university, but in complementary professional areas.
- *A consultancy focus* – searching and tendering for contracts from national, regional and international clients within HEARD's area of competence.
- *A policy advocacy focus* – taking part in and influencing national, regional and international policy processes.

At the moment, HEARD pursues all four roles; however, this will become increasingly problematic and ultimately unfeasible, without core funding and given limited capacity and resources, even though there are obvious synergies between the activities.

Sources of funding are different for the four areas. Research grants come from national and international research foundations. Successful applications build on high quality research proposals prepared by senior researchers with rigorous methodological expertise and specialised knowledge. Success rates for research proposals can be as low as 10-15 per cent. A pre-award office (to be set up in 2017) will support the preparation of proposals, but senior researchers will still have to spend some time on this process, and the number of new proposals will be limited.

The consultancy market is increasingly competitive. Specialised skills and capacity to prepare high quality tenders are required. Clients are often looking for senior consultants with extensive experience and will not accept junior staff. Policy advocacy usually has no separate source of funding, but will have to be linked to other projects or be supported by internal resources (e.g. overheads).

Teaching could be linked to PhD training and should ideally be covered by the university (with support from stipends and scholarships), but the market for such teaching may be limited. However, even a small teaching/training component would be useful for HEARD to maintain.

Considering both organisational and strategic/programmatic dimensions, HEARD has, in principle, the following alternatives for generating more sustainable income:

- (a) Increase core support from the mother university, UKZN, for staff salaries;
- (b) Recover overheads and subsidies paid to UKZN;
- (c) Increase support through stipends and scholarships for capacity-strengthening by other PhD programmes



- (d) Apply for more short- and long-term research grants from national and international research foundations;
- (e) Tender for more national, regional and international consultancy contracts;
- (f) Search for new donors to provide core support;
- (g) Introduce other cost-saving measures.

Options (a) and (b) are realistic, but the level of additional income cannot be determined at this point in time. Clearly, opportunities for recovering overheads and/or subsidies and reducing administrative costs should be explored. This could help fund HEARD's policy engagement work, which research grants and consultancy contracts will not cover. Policy engagements may strengthen HEARD's networks and partnerships, increase their visibility, and promote the centre's reputation. Overheads and subsidies alone, however, will not solve the long-term problem of financial sustainability.

More realistic options may be option (c), increasing income through capacity-building and (d) securing more research grants. Option (e), pursuing consultancies has some restrictions, but could be beneficial if it supports HEARD's long-term strategy and raises additional funds. In practice, different options can be combined and there could be a mix of all, with different foci. Option (f) could be considered, but appears currently unrealistic. Option (g) would require an expenditure analysis and the availability of detailed financial information. The following two scenarios describe options C and D as variations of the *strategic/programmatic dimension*, and presents alternative ways forward and discussing the implications for sustainability<sup>39</sup>.

### **Scenario C: HEARD engages more in teaching and capacity-building**

In this scenario, HEARD builds on key strengths such as skilled, experienced staff, a well-functioning PhD programme and strong links with UKZN faculties. Due to the restricted number of senior staff, and their engagement with research projects in both SA and other countries, there is limited residual teaching capacity. Currently, the PhD programme works well, but teaching is not its main concern and staff are assigned as researchers. Future expansion of teaching/training is constrained by HEARD's role as a research centre. Efforts to establish an MA programme were stopped, given the enormous administrative efforts needed for accreditation.

### **Implications for sustainability:**

- Implications for financial sustainability are low.

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<sup>39</sup> These scenarios were unable to consider the resources and expenditures that would be necessary to bring them to fruition, as the relevant data were not available to the evaluation team.

- The PhD component is beneficial for enhancing networking and reputation.
- Institutional capacity is adequate for delivering a sound PhD programme.

**Considerations:**

Close collaboration with other university faculties and programmes would be essential for this scenario, assuming the dependence of HEARD on UKZN as the academic host and partner. PhD programme training could be developed further. Opportunities to acquire grants from other PhD programmes using HEARD's network of contacts should be explored. Even so, considering the market situation and conditions for other PhD programmes, the focus should remain on expertise in research training. However, growing this component would not be highly significant in terms of financial sustainability, as the financial benefits are low.

**Scenario D: HEARD engages more in applied research**

In this scenario, HEARD builds on its skilled, motivated and committed staff, their expertise and experience, HEARD's reputation as a prolific research centre with many publications and other outputs, a strong role in policy development, and successful research partnerships. The limited number of senior staff could be augmented through newly appointed staff.

**Implications for sustainability:**

- Most relevant source of income
- Institutional capacity is adequate
- Good scientific reputation
- Appreciated research partner

**Considerations:**

For this scenario, the most realistic one, it is recommended that HEARD continue raising grants with a geographically broadened focus, using the current network and collaborations. Visibility should be increased, e.g. through improved research dissemination plans mobilising a range of channels and methods (improved website, social media engagement, etc.). Policy engagement as well as research capacity-building would support efforts to enhance visibility. Research grants constitute the major share of income and have the greatest potential for securing financial sustainability. Strategic partnerships with other universities or non-governmental organisations may serve as a medium-term strategy which could be useful in efforts to acquire more and larger grants in the longer term.

# 7 Recommendations

This chapter seeks to present short- and long-term recommendations based on the findings of this evaluation. Previous evaluations and recommendations are also taken into consideration.<sup>40</sup>

The question of sustainability is strongly related to HEARD's strengths and weaknesses and the external environment in which the organisation operates. As a research division, with a dependence on external donor funding, HEARD is challenged by a changing external environment in global development, e.g. the shift from MDGs to SDGs accompanying a shift in donor attention and donor funding methods. HEARD had responded to these challenges, using a key strength – their adaptive and flexible management approach. A SWOT analysis (see Annex 21) illustrates HEARD's strengths and weaknesses, as well as the opportunities and threats it faces, and a TOWS analysis translates the SWOT results into strategies for sustainability. It provides the basis for the recommendations below. These recommendations address the need for HEARD to become a self-sustaining research institution of relevance and excellence, and to draw on the conceptual model of financial sustainability (Annex 18).

## **Strategic orientation:**

- **Prioritisation as a guiding principle**

HEARD, as a self-funding institution, will continue to rely on external funding through grants and projects. Given the current SDGs, funding is changing and becoming more competitive, so for HEARD to remain competitive, there is a need to adapt to fundable topics that lie within HEARD's key areas of expertise.

Consequently, the broadening of research focus from HIV/AIDS and health economics to include reproductive health and human right topics is appropriate.

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<sup>40</sup> Three previous evaluations have examined HEARD from an institutional perspective: two carried out (2014). The Mid Term review of Sida-funded activities 2011 – 2012, the internal self-evaluation and external review of 2015 did look at the issue of HEARD sustainability. HEARD management submitted a paper to the board in April 2016 that also addressed the issue of HEARD's financial sustainability, developing three different scenarios. Reviews since 2013 made a number of recommendations regarding HEARD's sustainability, some of which have already been addressed. Annex 19 shows the relevant recommendations and describes the state of play at the time of this evaluation.

However, bearing in mind limited staff resources, HEARD should remain focused on those areas closest to HEARD's core expertise.

HEARD is involved in research capacity-strengthening (including teaching), undertaking and disseminating research, tendering for consultancies and influencing policy change. These four profiles or orientations overlap, but are also different in terms of funding sources, types of activities involved and staff requirements. It is difficult –even impossible for a small centre such as HEARD – to pursue and maintain all four roles to a sufficiently high standard. HEARD should set priorities and build competence and capacity accordingly, expanding gradually over time as and when funds and capacity become available. For engagements with policies and programmes, which are heavily dependent on relationships, we strongly recommend that HEARD prioritise the institutions and national/regional/global processes it will work with, and avoid requests for short-term engagements that do not contribute to the organisation's strategy.

#### **Financial sustainability:**

- **Develop comprehensive sustainability plan**

HEARD should cost its strategic plan and determine the income necessary for achieving its objectives for the next five years. This should include the annual income needed from grants and associated overhead income. HEARD should also carry out market analysis, competitor analysis, and thereafter determine its income-earning opportunities and competitive/comparative advantage in attracting funds.

HEARD should model the amount of funding it can reasonably expect to generate, relative to the investment required from:

- (a) UKZN – salary support and teaching (stipends and scholarships)
- (b) National, regional and international research funds
- (c) National, regional and international consultancy contracts

- **Explore the market and agree on a Unique Value Selling Proposition**

Given the increasing competition for donor resources, which are declining overall, HEARD needs to clearly define and market what it does best to donors and other African governments and stakeholders. HEARD should discuss this with board and staff members and develop a concise statement that demonstrates their unique blend of expertise. This can then be used as a marketing tool to attract and retain donors.

- **Consolidate and clarify HEARD's role and autonomy as part of UKZN and negotiate overhead and subsidies revenue-sharing**

This evaluation has not discussed HEARD's institutional location within UKZN, but it has expressed concern about inefficient, unclear parallel structures and procedures. The HEARD board and senior management must urgently resolve this problem and work to direct the current transfer of overhead resources from HEARD to UKZN.

It is strongly recommended to investigate options for benefiting from subsidies provided by the South African government for publications and graduated PhDs. HEARD should receive a proportion or all of those subsidies, since they are directly related to HEARD's work and outputs (publications, PhDs), both currently funded by Sida.

HEARD should carry out a detailed study of some of the university models that have addressed revenue-sharing sustainability issues. Given the current relationship between HEARD and the university, a study of the Wits Health Consortium enterprise model and the UMB-IHV model of OH revenue-sharing is recommended.<sup>41</sup> Based on the analysis and comparison with other university centres, there needs to be a progressive overhead-sharing formula allocation. Other universities use a formula with an initial 50-50 per cent split (at minimum) increasing to 75 per cent and 100 per cent at additional income levels. The administration fee of 2.5 per cent should be maintained for the support UKZN provides to HEARD.

### **Visibility and dissemination:**

- **Execute strategic dissemination plans for flagship pieces of work**

HEARD targets its research well with academic audiences through journal publications and international conferences. For work that may have relevance to (or even be explicitly intended for) non-academic audiences, it is recommended that HEARD develop dissemination plans, including the identification of specific users and uses, before the materials are prepared; that HEARD resource these dissemination efforts; and that they track dissemination, uptake and use for key pieces of work.

- **Increase visibility and strengthen the branding**

HEARD has hitherto positioned itself as a prolific research body. Now it is recommended that they intensify visibility efforts, e.g. through their website, but also through additional social media, to market their expertise (within the limitations of available staff and resources). Another way to increase visibility could be the promotion of networks, placing HEARD in the centre of a range of networks and supporting their reputation in each. However, as in all future scenarios, such efforts will be, of necessity, very selective, given limited staff resources.

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<sup>41</sup> The evaluation team could introduce HEARD to the UMB-IHV team if HEARD is interested in studying this model further.

## Monitoring & Evaluation

- **Conduct evaluations jointly**

It will be necessary to conduct an evaluation at a later stage of the strategic shift that HEARD has started to implement. At this point, two years after the change in directorship in 2014, the evaluation could only identify the start of a strategic shift, so any outcomes should be evaluated at a future point in time, e.g. after 5 years. HEARD has undergone several external and internal reviews over the last few years, which is time-consuming for both staff and external stakeholders. It is recommended that donor reviews should be harmonised and aligned with university review periods if possible.

- **Gather prioritised monitoring indicators**

HEARD has developed and revised M&E frameworks, but information is not gathered and analysed in a consistent, systematic way and used for decision-making. Considering the workload associated with monitoring, it is recommended that HEARD prioritise a smaller number of indicators and maintain a master database with a list of staff, publications, research projects/funded grants, students and key engagements that can be augmented periodically. Responsibility for monitoring should be clearly defined and timelines for updating should be scheduled and adhered to. It is suggested that responsibility for monitoring should be placed within the administration and supervised by the operations director.<sup>42</sup>

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<sup>42</sup> The lists in Annex 7 and Annex 8, compiled for this evaluation, provide a starting point.

# Annex 1 – Terms of Reference

## **Terms of Reference for the Evaluation of the Health Economics and HIV and AIDS Research Division (HEARD)**

*These original TORs have been adapted in the course of the evaluation as a reaction to emerging needs of HEARD and based on discussions and agreement with the Embassy. Following changes for the scope of the evaluation were agreed:*

- **The benchmarking approach has been dropped due to the unavailability of data of other similar institutions to be able to conduct a benchmarking.**
- **The evaluation of the strategic fit to Sweden's strategy for sub-Saharan Africa was excluded from the evaluation.**
- **Due to limited possibilities to evaluate impact it was agreed to focus on outputs and quality.**
- **Based on the request of the Embassy, while being in the country for data-collection, the focus of the economic evaluation has been shifted from efficiency and cost-effectiveness to financial sustainability.**

### **1. Background**

The Health Economics and HIV/AIDS Research Division (HEARD) has built a reputation as a leading applied research centre that brings together interdisciplinary teams to solve complex health problems and to train the next generation of African health leaders. HEARD's priority research nodes reflect an engagement with Africa's health challenges, as well as a responsive approach in driving a research agenda for emerging opportunities in the field of global health. While the Centre undertakes some pure research, for the advancement of knowledge and practical understanding, notably the doctoral training programme, it is through HEARD's applied and evaluative research that the Centre seeks to make the greatest contribution to efforts in overcoming health inequalities in Africa.

Over the last two decades, the Embassy of Sweden in Lusaka through the Regional Team for Sexual and Reproductive Health and Rights in Africa (Sida) have collaborated with the HEARD under research cooperation. HEARD, founded in 1998 under Professor Alan Whiteside, is housed within the University of KwaZuluNatal (UKZN). In 2004, Sida initiated research project funding to HEARD and in 2006 through to 2010, Sida supported HEARD's Regional Strategic Plan and Business Plan through a Joint Financial Arrangement (JFA) with the Government of the Netherlands.

Since 2010 HEARD receives core funding from Sida and has benefited from a total amount of **78.5 MSEK** from 2010 to 2016; the first of which came into operation on the 8th December 2010. Sida has supported HEARD over two of the organizations strategy periods (2011-2015 and the current 2015 to 2019). In 2012, additional funds were made available to HEARD to support their Doctoral Scholarship Programme. The current agreement period ends in 2017, however it will likely be extended for one year until mid 2018.

## **Goals**

The current goals of HEARD are to:

1. Catalyse, conduct and disseminate innovative interdisciplinary research to influence policy and practice aimed at responding to Africa's burden of disease and promoting public health on the continent.
2. Become a world leader in interdisciplinary global health education and training.
3. Create a robust network of international partners that combines knowledge, skills and reach to influence policy and practice aimed at responding to Africa's burden of disease and promoting public health on the continent.
4. Establish a high level technical assistance team to support governments, international agencies and other health sector partners in their efforts to address national and global health challenges.

## **2. Evaluation Purpose**

The purpose of the Evaluation is twofold;

- To evaluate the core support to HEARD from 2010 to 2016. The evaluation will be summative and review the impact of HEARD's deliverables against financial and operational procedures. These deliverables will be assessed within the scope of the evaluation but will not be limited to products and outcomes attained in accordance with their logical framework; output and outcome indicators. The Evaluation will review HEARD's prominence in terms of research output to the academic community and identify HEARD's position in influencing the uptake and utilisation of policy within the Eastern and Southern African region.
- To make a formative assessment of HEARD's potential to establish itself as a self-sustained research institution of relevance and excellence. The assessment will also compare HEARD's two overlapping strategy periods (2011 to 2015 and 2015 to 2019) and outline their linkage to the results within the new Swedish strategy for Sexual and Reproductive Health and Rights in Sub-Saharan Africa 2015 to 2019 and the Sustainable Development Goals.



The evaluation should be completed in appropriate time to inform Sida on possible future funding to HEARD under a new agreement.

### **3. Evaluation Questions**

The overall evaluation question is:

How has HEARD been able to achieve their set objectives within the previous strategy and how do they intend to achieve their vision within the new and current strategy?

The evaluation must include, but should not be limited to, the following areas;

1. An assessment of the volume, quality, results and impact of the research conducted and results obtained (e.g. bibliometric analysis of international peer reviewed publications and citations)
2. Benchmarking HEARD's performance to other comparative and regional academic institutions
3. Evaluation of HEARD's strategic fit to Sweden's new SRHR strategy for sub-Saharan Africa 2015-2019
4. Analysis of the effectiveness of HEARD's management processes, budgets, protocols and standards (internally to HEARD and also in compliance with UKZN standards of operation)
5. Assess sustainability of HEARD research and training post-Sida support (projected at 2020)
6. Assess partnerships and collaborations
7. Assess how HEARD's research influences or informs policy within the Eastern and Southern African region
8. Assess the existing constituents of HEARD's capacity to deliver upon its three tiered strategy (2015 – 2019)
9. Assess and reflect on the aspects of relevance, efficiency, effectiveness, impact and sustainability of the Swedish support to HEARD.

## **4. Approach and Method**

### **4.1 Methods**

The evaluators should suggest an appropriate method for the evaluation. Interested evaluators are asked to submit a concept note including a methodological approach/framework and proposed budget for the evaluation which takes into account the issues specified under section 3 above.

The quality and relevance of the framework and the qualifications of the consultants will be the main selection criteria.

### **4.2 Data Sources**

HEARD will make available to the review team all documentation pertinent to the above assessments. This includes but is not limited to:

- HEARD business plan, strategy (2011 to 2015 and 2015 to 2019) and log frame
- HEARD annual work plans and budgets
- HEARD annual progress and financial reports
- Research programme plans and reports where applicable
- Research project proposals, progress reports, final reports, peer reviewed publications, policy briefs and other project outputs
- Standard operating procedures which are internal to HEARD and those of UKZN
- Previous reviews and/or evaluations of HEARD and the HEARD research programme.

The above list indicates the primary data sources to which the Evaluator can refer to. It is therefore the responsibility of HEARD and the Regional Team for SRHR to ensure all other relevant documentation is availed to the Evaluator when required. The service provider will be accountable for the review to the Executive Director of HEARD whose office will be responsible for facilitating access to information and stakeholders.

The evaluators are also encouraged to use interviews with Programme staff, donors, partners, beneficiaries etc. for data collection.

## **5. Stakeholder Involvement**

Stakeholder involvement refers to engagement of key actors during the evaluation process for quality assurance, dissemination and consultation. Activities must include, but is not limited to the following.

1. An inception meeting with the Management of HEARD and UKZN in Durban before the start of the data collection.
2. Debriefing and presentation of the evaluation findings and recommendations for the HEARD board in either Durban or Johannesburg.

The evaluator should describe in the concept note how and when stakeholders will be involved in the evaluation process.

### **6. Evaluation Quality**

- All Sida's evaluations shall conform to OECD/DAC's Quality Standards for Development Evaluation
- The Evaluator will be expected supply details of their quality control standards and will be expected to exercise the highest professionalism and technical competence in order to ensure a strong and informative Evaluation Report.

### **7. Time Schedule, Reporting and Communication**

The Consultant will be expected to provide a suggested schedule of work based on the following deadlines.

- The Evaluation should begin no later than 15 October 2016.
- A draft report should be delivered no later than 15 January 2017
- The final report should be delivered no later than 28 February 2017.

The deliverables include an inception report, a draft report and a final report on the evaluation.

The report should be written in English in as simple and accessible language as possible. The report shall not exceed 40 pages, excluding annexes.

The final report will be published and made publicly available through Sida's evaluation database.

### **8. Evaluation Team Qualification**

The team leader of the evaluation should have the following minimum qualifications;

- Experience from conducting evaluations in the role of team leader
- Experience and track record of evaluating Research institutions,
- Demonstrated experience of working with Health Economics,

- Demonstrated knowledge of having worked within Organisational and Quality Management
- Research and management background and hold a minimum masters but preferably doctorate degree from a recognised university within a relevant field.

The team leader shall submit two (2) reference evaluations conducted the last five (5) years.

Furthermore, the evaluation team should comprise the following skills:

- Documented experience in evaluating research institutions
- Documented experience in Advocacy and Policy analysis
- Demonstrated experience in the use of quantitative as well as qualitative research methods
- Professional expertise in the field of Research, SRHR/HIV, Health Economics
- Proven ability to communicate effectively in both written and verbal form
- Independence and professional integrity

# Annex 2 – Lists of documents reviewed

HEARD Documents	
HEARD Annual Reports	HEARD Annual Report 2007
	HEARD Annual Report 2008
	HEARD Annual Report 2009
	HEARD Annual Report 2010
	HEARD Annual Report 2011 and related documents
	<ul style="list-style-type: none"> <li>• Approval of Narrative Financial Statement</li> <li>• Bethel Health Builders Video Report</li> <li>• Final Communication Colloquium Meeting Report</li> <li>• Final HEARD AFS</li> <li>• HEARD 6 Month Financials</li> <li>• HEARD Activities Semi-annual Report</li> <li>• HEARD Annual Financial Statement 2011</li> <li>• HEARD Annual Progress Report 2011</li> <li>• HEARD Explanation of Credit Balances</li> <li>• HEARD Sida Assets Procured 2011</li> <li>• HEARD Website Citation Index</li> <li>• PhD details and dissertation titles</li> <li>• Sida Budget (Oct 2011) Variance</li> <li>• Statement on Narrative and Financial Reports 2011</li> </ul>
	HEARD Annual Report 2012 and related documents
	<ul style="list-style-type: none"> <li>• Conclusion on Performance HEARD</li> <li>• HEARD Annual Progress Report</li> <li>• HEARD Explanation of Finances</li> <li>• Mid-year Progress Report HEARD</li> <li>• Sida Accounts</li> </ul>
	HEARD Annual Report 2013 and related documents
	<ul style="list-style-type: none"> <li>• Conclusion on Performance</li> <li>• HEARD mid-year Progress Report</li> <li>• HEARD semi-annual Financial Statement</li> <li>• Statement on HEARD semi-annual narrative and Financial Report</li> </ul>
	HEARD Annual Report 2014
	HEARD Annual Report 2015
	HEARD 2016 Outputs as at October 2016

<i>HEARD Annual Reviews</i>	<p>HEARD Annual Review 2011 and related documents</p> <ul style="list-style-type: none"> <li>• HEARD Agenda Development Partner Meeting 18<sup>th</sup> of October 2011</li> <li>• HEARD Board Agenda 17<sup>th</sup> of October 2011</li> <li>• HEARD Business Plan for 011- 2013</li> <li>• HEARD Donor Meeting Minutes 18<sup>th</sup> of October 2011</li> <li>• HEARD Workplan and Targets</li> <li>• HEARD Minutes Board Meeting 5<sup>th</sup> of April 2011</li> <li>• HEARD Minutes Donor Meeting 4<sup>th</sup> of April 2011</li> <li>• Program – Researcher Reports</li> </ul> <p>HEARD Annual Review 2012 and related documents</p> <ul style="list-style-type: none"> <li>• HEARD DP Agenda</li> <li>• HEARD DP Minutes 3<sup>rd</sup> of April 2012</li> </ul> <p>HEARD Annual Review 2013 and related documents</p> <ul style="list-style-type: none"> <li>• Agenda HEARD ARM 22<sup>nd</sup> of April 2013</li> <li>• First Draft – Executive Job Description as 10<sup>th</sup> of April 2013</li> <li>• HEARD ARM Program 22<sup>nd</sup> of April 2013</li> <li>• Minutes HEARD ARM Meeting 22<sup>nd</sup> of April 2013</li> <li>• Minutes of Meeting HEARD remain centre or become an institute 18<sup>th</sup> of April 2013</li> <li>• HEARD. 2013. Annual Progress Report on HEARD Activities. Durban: University of KwaZulu-Natal.</li> </ul> <p>HEARD Annual Review 2014 and related documents</p> <ul style="list-style-type: none"> <li>• ASF 2014</li> <li>• Audit Report 2014</li> <li>• Donor Minutes May</li> </ul> <p>HEARD Annual Review 2015 and related documents</p> <ul style="list-style-type: none"> <li>• Financial HEARD ASF 2015</li> <li>• M&amp;E Report 2015</li> <li>• Copy of Variance Report Sida 2015</li> <li>• HEARD. 2015. HEARD Annual Report to SIDA. Durban: University of KwaZulu-Natal.</li> </ul> <p>HEARD. 2015. UKZN Self-Evaluation Report. Durban: University of KwaZulu-Natal.</p>
<i>HEARD Reviews</i>	<p>HEARD Management Response to Mid-Term Review 2013</p> <p>HEARD Mid-Term Review 2013</p> <p>HEARD Mid-Term Review ToR</p> <p>University of KwaZulu-Natal, School of Accounting, Economics and Finance. 2015. External Review of the Health Economics and HIV/AIDS Research Division (HEARD). Durban: University of KwaZulu-Natal.</p>
<i>HEARD PhD scholarship students</i>	<p>HEARD PhD scholarship students Current list 2016</p> <p>HEARD PhD scholarship students Graduate list 2009-2016</p> <p>First PhD Scholarship Programme Cohort 2009</p> <p>Fourth PhD Scholarship Programme Cohort 2016</p> <p>Second PhD Scholarship Programme Cohort 2013</p>

## ANNEX 2 – LIST OF DOCUMENTS REVIEWED

	Third PhD Scholarship Programme Cohort 2015
<b>HEARD Plan and Budget</b>	HEARD Plan and Budget 2011 HEARD Plan and Budget 2012 HEARD Plan and Budget 2013
<b>HEARD SOPs</b>	A03 Coordinating Travel and Logistics A04 Events Coordination Contracts F01 Timesheet F02 Reimbursement of Expenses Claim F03 Procurement of Goods and Services as well as Consultant Services F04 Petty Cash SOP F05 Payment of Invoices and Foreign Invoices F06 Payment of Staff on Claim Basis F07 Publications and Presentations Income F08 Salary Allocations F09 Creditors Control F10 Approvals and Authorisation F11 Disbursement of Funds F12 Opening of Costs Centres F13 Archiving of Financial Documentation F14 Use of HEARD Corporate Cards F15 Justification of Pastel Allocation F17 Fixed Assets F24 Monitoring Research Project Expenditure R01 Submission of Research Project
<b>HEARD Strategic Plans</b>	HEARD Strategic Plan 2011 - 2015 HEARD Strategic Plan 2014 – 2017 HEARD Strategic Plan 2017 – 2019
<b>HEARD Work Plans</b>	HEARD Work plan 2010 HEARD Work plan 2011 HEARD Work plan 2012 HEARD Work plan 2013 HEARD Work plan 2014 HEARD Work plan 2015
<b>UKZN Policies</b>	UKZN Guidelines for Completing HSS Research Ethics Application Form UKZN Policies – MasterDocs – Contracts Management Principles and Regulations UKZN Policies – MasterDocs – Procurement and Contracting Policy Approved Council 20 June 2016

	UKZN Policies – MasterDocs – UKZN Financial Regulations
<i>HEARD additional documentation</i>	<p>Examples of Policy Engagement Website 2016</p> <p>External Review of the Health Economics and HIV/AIDS Research Division (HEARD) 2015</p> <p>HEARD School of accounting, economics and finance external review improvement plan 2016</p> <p>HEARD Results Summary 2011 – 2013</p> <p>HEARD, UKZN Self Evaluation Report 2015</p> <p>The Impact of HEARD's Work 2006 – 2010</p> <p>The Second HIV Capacity Building Partners' Summit March 2013</p> <p>HEARD. 2016. HEARD's Future: Options paper for HEARD Board discussion. Durban: University of KwaZulu-Natal.</p>
<i>SIDA Documents</i>	
<i>HEARD Documents</i>	<p>Conclusion on Performance 2014</p> <p>EOI HEARD Evaluation Draft Letter</p> <p>HEARD Evaluation ToR 2016 Draft</p> <p>Organisational Capacity Assessment, Health Economics and HIV/Aids Research division 2013</p>
<i>Strategy Documents</i>	Strategy for research cooperation and research in development cooperation 2015 – 2019
<i>Websites</i>	
	<p><a href="http://www.education.gov.za/">http://www.education.gov.za/</a></p> <p><a href="http://www.heard.org.za/">http://www.heard.org.za/</a></p> <p><a href="http://nacc.or.ke/">http://nacc.or.ke/</a></p> <p><a href="http://www.repssi.org/">http://www.repssi.org/</a></p> <p><a href="http://www.riatt-esa.org/">http://www.riatt-esa.org/</a></p> <p><a href="http://www.unaidsrstes.org/">http://www.unaidsrstes.org/</a></p>

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Poku N, Jenniskens F, Kosimbei G, Nzoika C, Oyaya C, Chokera V, Nyangara N, Siringi S. 2013. Kenya National AIDS Strategic Plan III, 2009/10 – 2012/13, Final Inception Report.

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HEARD written summaries of key engagements

- HEARD supporting the South African Department of Basic Education
- Impact case study: Kenya National AIDS Strategic Framework IV (2014-2019)
- Case Study: HIV Prevention Research with Boys and Men

HEARD website key engagement overviews

- Informing and facilitating the development of the strategy for the new African Think-Tank on HIV, Health and Social Justice

- Writing the principal background document to the 37th UNAIDS programme coordination board meeting in Geneva
- Supporting Malawi's Ministry of Health to develop its position on Malawi's abortion laws and respond to un CEDAW's call for abortion law liberalization
- Providing technical support to SANAC
- Providing technical assistance to the South Africa National Department of Health
- Technical Assistance to Collect Data on Domestic Resource Flows for Population Activities in South Africa
- Public expenditure tracking and quantitative service delivery survey in Gauteng Province, South Africa
- Gender equality assessment of provincial HIV, STIs and TB strategic and operational plans in South Africa – A review
- Elements of the financial and economic costs of disability to households in South Africa
- The South African NSP and women who have sex with women
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- REPPSI, 2013. Discussion paper on Psychosocial Support for Children with Disability and their Carers
- NACOSA, 2012. Interim programme assessment of the Rolling + peer supporter intervention

#### HEARD project overviews

- Sexual education in South African schools
- Youth Health and Prevention Project (Y-HAPP)
- Breaking the silence: accommodating young people with disabilities in sexuality education through sensitising educators in Southern Africa
- Desktop review on supporting the educational needs of HIV-positive learners
- A prospective cohort study to assess behavioural disinhibition following medical circumcision in youth and adult males in Vulindlela, KwaZulu-Natal

#### HEARD abstracts

- Sexuality education in South African schools: The challenge for civil society organisations
- 'Learning the basics': young people's engagement with sexuality education at secondary schools
- Which teachers talk about sex? psycho-social determinants of educator engagement with high school learners on HIV/AIDS and sexual practices
- Voluntary medical male circumcision in South Africa: Challenges and opportunities

- Barriers and facilitators to the uptake of voluntary medical male circumcision (VMMC) among adolescent boys in KwaZulu–Natal, South Africa
- Medical male circumcision and the politics of no alternative: why the public health imperative scored a victory over tradition
- The cool, the bad, the ugly, and the powerful: identity struggles in schoolboy peer culture

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# Annex 4 – List of interviewees and research participants

Name	Position	Organisation	Date of interview
Aantjes, Carolien	Project partner/ Research fellow	Vrije University Amsterdam (Athena Institute), Netherlands	Online survey
Beckett, Sean	Junior Researcher	HEARD	Nov, 21 <sup>st</sup> , 2016
Cawood, Cherie	Director	EPICENTRE SA	Online survey
Chareka, Samantha	Intern	HEARD	Nov, 21 <sup>st</sup> , 2016
Chibango, Vimbai	PhD Program participant	HEARD	Nov, 30 <sup>th</sup> , 2016
Cluver, Lucy	Professor of Child and Family Social Work; Honorary Lecturer,	University of Oxford, University of Cape Town	Jan, 12 <sup>th</sup> , 2017
Crankshaw, Tamaryn	Senior Researcher	HEARD	Nov, 22 <sup>nd</sup> , 2016
Dube, Kudakwashe	PhD Program participant	HEARD	Dec, 5 <sup>th</sup> , 2016
Dureval, Dick	Professor	University of Gothenburg, Sweden	Online survey
Freedman, Jane	Professor Gender & Development	University Paris, France, former senior advisor on gender to UNESCO Secretariat	Online survey
George, Gavin	Senior Researcher	HEARD	Jan, 18 <sup>th</sup> , 2017
Getahun, Mesfin	PhD Program participant	HEARD	Dec, 5 <sup>th</sup> , 2016
Gormley, Samuel	Operations Director	HEARD	Nov, 17 <sup>th</sup> , 2016
Govender, Kay	Research Director	HEARD	Nov, 25 <sup>th</sup> , 2016
Harper, Malayah	General Secretary	World YWCA, formerly UNAIDS	Dec, 12 <sup>th</sup> , 2016
Hedderwick, Cailin	PhD Programme Administrator	HEARD	Nov, 22 <sup>nd</sup> , 2016
Kajumi, Murphy	PhD Program participant	HEARD	Nov, 30 <sup>th</sup> , 2016
Kelvin, Elizabeth	Project partner	City University of New York, US	Online survey
Kumalo, Faith	Chief Director for Care and Support in Schools	Department of Basic Education	Jan, 10 <sup>th</sup> , 2017
Kupe, Naume	Project Manager	REPSSI	Nov, 28 <sup>th</sup> , 2016

# ANNEX 4 – LIST OF INTERVIEWEES AND RESEARCH PARTICIPANTS

Lansdell, Emma	Intern	HEARD	Nov, 21 <sup>st</sup> , 2016
Lee-Wagner, Robyn	HR Officer	HEARD	Nov, 29 <sup>th</sup> , 2016
Love, Janet	Director of Legal Services, South Africa, Chairperson Of HEARD Board of Governors	HEARD	Nov, 21 <sup>st</sup> , 2016
Modenda, Lydia	PhD Program participant	HEARD	Nov, 30 <sup>th</sup> , 2016
Mpofu, Limkile	PhD Program participant	HEARD	Dec, 5 <sup>th</sup> , 2016
Mubangizi, Deus	VP Associate Professor	University of Maryland - Institute of Human Virology (UMB-IHV)	Nov, 30 <sup>th</sup> , 2016
Mubangizi, John	Deputy Vice Chancellor, Director College of Law and Management	Board HEARD	Nov, 22 <sup>nd</sup> , 2016
Mulumba, Alphonse	Senior Program Officer for HIV and AIDS	SADC Secretariat	Dec, 9 <sup>th</sup> , 2016
Namusobya, Jennifer	Executive Officer	Makerere Mbarara Universities Joint AIDS Program (MJAP)	Nov, 29 <sup>th</sup> , 2016
Oyaya, Charles	Director	International development Institute Africa (IDIA) & IDIA College of Technology and Development Studies	Online survey
Ombam, Regina	Head of Strategy	Kenya National AIDS Control Council (NACC), Nairobi	Dec 16 <sup>th</sup> , 2016
Panday, Saadhna	Education Specialist	UNICEF South Africa Country Office, formerly DBE	Nov, 28 <sup>th</sup> , 2016
Poku, Nana	Executive Director	HEARD	Nov, 25 <sup>th</sup> , 2016
Schunter, Bettina		UNICEF ESARO	Dec, 15 <sup>th</sup> , 2016
Sharma, Nalini	Finance Officer	HEARD	Dec, 1 <sup>st</sup> , 2016
Sommse, Pierre	Deputy Regional Director	UNAIDS-ESA	Nov, 30 <sup>th</sup> , 2016
Strauss, Mike	Research Fellow	HEARD	Nov, 21 <sup>st</sup> , 2016 & Nov, 24 <sup>th</sup> , 2016
Tabane, Sophia	PhD Program participant	HEARD	Nov, 30 <sup>th</sup> , 2016
Wanyenze, Rhoda	Associate Professor/Program Director	Makerere University School of Public Health: Department of Disease Control and Environmental Health and MakiPH - CDC Fellowship Program	Nov, 28 <sup>th</sup> , 2016
Whitman, Jim	Director PhD Program	HEARD	Nov, 22 <sup>nd</sup> , 2016
Zambezi, Pemberai	Research partner	FACT Zimbabwe	Online survey
Zegeye, Elias Asfaw	PhD Program participant	HEARD	Dec, 5 <sup>th</sup> , 2016



# Annex 5 – Data collection tools

## Research collaborations online survey questionnaire

*SIDA has commissioned SIPU to undertake an evaluation of HEARD. The evaluation's main objective is to assess the performance and quality of HEARD and to use the results of the evaluation as a basis for further development.*

*With this online questionnaire, targeted at research partners, we would like to ask you to contribute to this evaluation study. This questionnaire should take between 15-30 minutes of your time.*

*It should be emphasized that the responses will be treated confidentially and only aggregated results will be reported in the Study. Moreover, all of the information received in the context of this evaluation shall be used only for the purpose it was requested. While we will not disclose any individual answers you gave, we would like to include your name and organisation in a list of interviewees; do you agree to be on the list of interviewees?*

*Yes/ No*

*Please feel free to contact a member of the evaluation team in case you require any assistance or clarification.*

*Thank you very much in advance for your valuable feedback and support.*

1. Please indicate the name of your institution:
2. How long has your organisation been collaborating with HEARD? (years, months)
3. In which project/s have you collaborated? Please list the outputs of the collaboration (i.e. journal articles, conference presentations, grant proposals).
4. Who initiated the collaboration? HEARD, our institution, other
5. Why did you choose to work with HEARD specifically, rather than work on your own or with another organisation?
6. What challenges did you face, if any, when initiating the collaboration?
7. For your organisation, what are the greatest benefits of the collaboration?
8. Describe a success story from the collaboration. What have been key achievements of your joint work?
9. What have been HEARD's key contributions to the collaboration?
10. What challenges have you faced in the collaboration?
11. What recommendations do you have for how the collaboration should be structured in the future?

12. In general, how satisfied are you with the collaboration? Very satisfied, satisfied, not really satisfied, not at all satisfied
13. How do you rate the communication (modes, frequency)? Excellent, good, satisfactory, poor, inadequate
14. How would you rate the relevance of the collaboration for research outcomes in your project?  
Very relevant, relevant, not very relevant, not at all relevant

How much do you agree or disagree to following statements?

Strongly agree, somewhat agree, somewhat disagree, strongly disagree

15. The collaboration improved research productivity in regard to papers, publications.
16. The collaboration is a burden and time consuming.
17. The collaboration is beneficial for quality of research.
18. The collaboration is beneficial for interdisciplinarity of research.
19. The collaboration is well organized and coordinated.
20. Our collaboration is built on mutual trust.
21. Our collaboration is built on joint decision-making.
22. Our collaboration is based on complementing strengths of both institutions.
23. In the collaboration we respect each other's views and perspectives.
24. Disagreements between the collaborating partners can be resolved in a respectful way.
25. The collaboration is beneficial for each other.
26. The research project would have been feasible without HEARD.

*Any more comments you would like to share?*

### Question Guide Interview staff HEARD

*This interview is meant to capture your view on HEARD as a staff member. All information received will be kept confidential and will only be used for the evaluation purpose. No personal data will be shared. This interview would be recorded if you will agree. Do you agree on the recording?*

*We would like to include your name on a list of interviewees. Do you agree that your name will be included on the list? Y/N*

1. What is your research focus?
2. How long have you been with HEARD?
3. How did you come here? How were you recruited?
  - 3a. How long is your contract? How many times has it been renewed?
4. Is your contract tied to a particular project? If so, is it to one project or more than one project? (get number if more than one project)
5. How do you feel being a contract staff versus being a permanent staff?
6. Are your salary scales aligned to the university salary scales?
7. In your opinion, do you think HEARD's salaries are within the market range?
8. How do you judge your career perspective at HEARD?
9. What are the benefits to work at HEARD?
10. What are the challenges to work at HEARD?
11. How would you judge the organisational climate at HEARD?
12. What makes it special to work at HEARD?
13. What do you think, how relevant is interdisciplinarity for HEARD as a working principle? What other working principles or basic values of HEARD would you name?
14. In your opinion, how do you feel about the long term sustainability of HEARD?
15. How much do you feel that you are affected by sustainability questions related to HEARD?
16. What do you think the University and HEARD could do differently to ensure HEARD's long term sustainability?
17. How would you judge gender issues at HEARD? How much does HEARD reflect gender sensitivity as an organisation?

### **Key Informant Interview Guide – key engagements**

Thank you for taking time to speak with us today. We are conducting an evaluation of HEARD's work from 2010-2015, including their involvement in [the revision of South Africa's National Strategic Plan].

The information you provide will be combined with information from other people and relevant documents to understand this process and the role of HEARD and other key actors. The aim of the overall evaluation is assess the impact of HEARD's work since 2010 and the organisation's potential to establish itself as a self-sustained research institution of relevance and excellence.

I'd like to record our discussion so that we can capture all of your key points.

- It is okay to record the interview?
- Can we include your statements in the evaluation report? We won't use your name or your organisation's name, and would just refer to your position and type of organisation (i.e. program manager, legal aid organisation, location).
- Can we include your name in the list of key informants?

**Questions – external stakeholders**

(ask probing and follow-up questions as necessary)

- How was the engagement with HEARD on [topic] initiated?
- How would you characterise the relationship between your organisation and HEARD?
- What were the key elements of this engagement and why (i.e. conducting research, speaking at a high level meeting, face-to-face discussion with the Minister)?
- Relative to other actors, what was HEARD's unique contribution?
- Without their involvement, how would things have been different?
- How has their role or involvement changed over time, if at all?
- What did you hope to have happened that has not (yet)? Why? What could have been improved?
- What was happening in the a) domestic and b) international context during this time that made it easier or more difficult for these changes to take place? (political, economic, cultural)
- What surprised you about this process?
- In the future, how could HEARD best contribute to [topic/institution]?
- What other information do you think would be helpful to us to consider? (additional comments, names of other people to interview, documents)

**Questions – HEARD staff**

- How was the engagement with [name of organisation] on [topic] initiated? Why did HEARD choose to engage with this particular actor/institution and not others?
- How would you characterize the relationship between [name of organisation] and HEARD?
- What do you think were the key elements of HEARD's approach and why (i.e. conducting research, speaking at a high level meeting, face-to-face discussion with the Minister)? Why did HEARD choose to pursue these activities and not others?
- Relative to other actors, what do you think was HEARD's unique contribution?
- Without your involvement, how would things have been different?
- How has your role or involvement changed over time, if at all?
- What did you hope to have happened that has not (yet)? Why? What could have been improved?
- How did the engagement vary among stakeholders (i.e. NSP in SA vs. Zimbabwe)? Across issue areas (i.e. disability vs. gender)?
- What was happening in the a) domestic and b) international context during this time that made it easier or more difficult for these changes to take place? (political, economic, cultural)
- What surprised you about this process?
- In the future, how do you think HEARD should prioritise its efforts on [topic/institution]?
- What other information do you think would be helpful to us to consider? (additional comments, names of other people to interview, documents)

**PhD - Focus Group Discussion Question guide**

*Thank you very much for participating in this online focus group discussion. This focus group is part of the SIDA evaluation of HEARD. We would like to gather your opinion on the program and to capture your thoughts about ways to improve it. We will conduct this focus group discussion just in writing, using the chat function of Skype. This means that I will pose a question in writing in the chat window, to which you please answer using the chat function and give your opinion. You may refer to each other. Do you have questions so far?*

*We would like to assure you that the individual data capture will be kept confidential and only a generalized version of your comments will appear in the report. Even though, we would like to include your name in a list of interviewees. Those, who disagree, will be named as 'anonymous' participant. Could each of you please indicate if you would you agree to be on that list? Y/N?*

1. In which HEARD program is/was your thesis located?
2. What is your main focus of research?
3. How important was interdisciplinarity/health economics/gender/disadvantaged groups and poverty when choosing your research topic?
4. What are the procedures for getting admission into the PhD programme? In your opinion, to what extent are admission procedures appropriate, transparent and competitive?
5. What have been the major challenges in doing your studies?
6. Were there any difficulties (administrative, bureaucratically, organisational, work load etc.) that you encountered in your research? If so, which?
7. How is HEARD following you in the PhD project and ensuring quality?
8. Did you participate in any PhD training from HEARD? How do you assess the quality of research training provided through HEARD?
9. How do you judge the management practices in place to support your PhD study?
10. How do you judge the supervision? How do you judge in general the support received from HEARD for your research?
11. Do you think that financial support for your PhD study is sufficient? Where there difficulties in regard to funding?
12. How do you in general judge the research environment at HEARD? (e.g. the interaction with colleagues and other PhDs, opportunities to exchange views and experiences)
13. How is dealt with gender issues in the PhD program? Is there any special support for women?
14. Have you participated in conferences and presented your research study findings? Where? Could you provide me with a list? I will send you a separate email about that later.
15. How do you judge the career opportunities for PhD's from HEARD?
16. How could the PhD program be improved?

17. As a summary; what do you think is the role of HEARD in strengthening research capacity in South Africa and Africa?
18. Is there anything you would like to add?

*Thank you very much for your valuable inputs!*



**Interview Question Guide PhD Programme Director and PhD Coordinator:**

1. Did the SIDA funding for the PhD programme start in 2009 with the first cohort? What changed 2013? Could you please explain the difference of the additional new SIDA funding and the implications? What changed?
2. How many applicants are there for which amount of available scholarships? How has this developed? (e.g. increasing number of applications?)
3. What do the students have to deliver during their PhD scholarship (e.g. number of articles, time limitation for PhD completion)?
4. What are the services HEARD is providing for the PhD students?
5. What is the college or the university providing to the PhDs?
6. What do the students have to deliver during their PhD scholarship (e.g. number of articles)?
7. How could the quality of services for the PhDs be further improved? E.g. through supervision or additional training? Which? What are the barriers to do so?
8. How do you judge the reputation of the HEARD scholarship programme?
9. What is the role of the HEARD PhD programme if you compare it to other PhD programmes in the region?
10. How is the fee charged per PHD student determined? Has it been costed to ensure all costs are covered by the donor or students?
11. How do your fee rates compare with like universities in SA and the region?
12. Does the funding from donors like SIDA full meet all the student related costs including staff salaries?
13. Are there any students who are self-sponsored?
14. Depending on answer to (3), Do you think if necessary, some students would be willing and able to self-sponsor?
15. My understanding is that the SA government gives subsidies to the UKZN for each graduating PHD student, in your opinion, how do you think these government subsidies should be utilized? Do you think HEARD should share part or all be given all of it? Do you know how the UKZN uses such subsidies at the moment?
16. What are your thoughts for the long term sustainability of the PHD program? Do you think the program could be continued if there was no donor funding for the scholarships?

**Interview Question Guide College Director**

1. How would you judge the reputation of HEARD in Sa and the region?
2. How would you judge the reputation of HEARD in the university?
3. Would you say that there is something that makes HEARD special in comparison to other divisions in the College or University?
4. How would you judge the development of HEARD between 2010 and 2016?
5. What are the current challenges for HEARD?
6. How would you describe the relationship between the college and HEARD?
7. What support does the college management provide to HEARD?
8. How involved is the college in the day to day running of HEARD? E.g. in supervision of students or PhDs? E.g. with support with business development like getting external funding, etc.?
9. Have there been times when the college sourced for funding on behalf of HEARD? How about for other divisions or programs?
10. In your opinion, what does HEARD and the university need to do to ensure long term sustainability?
11. Our understanding is that when HEARD gets a grant, all the OH goes to the university of which a percentage goes to the college under which HEARD is housed, can you explain this procedure in broad terms? Is this something that applies to all the other divisions as well? How does the college utilize such funds to support the divisions like HEARD who bring in such funding contribution?
12. Final question: The SIDA funding is going to end 2017. What are the plans of the university to ensure its existence after 2017?

## Annex 6 – Journal impact factors for heard publications 2010-2015

Journal	Number of HEARD articles	Impact factor
African Journal of AIDS Research	20	0.716
African Journal of Business Management	1	0.22
African Journal of Disability	3	1.98
African Journal of Primary Health Care & Family Medicine	2	1.56
African Security Review	1	-
Ageing and Society	1	1.827
Aids and Behaviour	4	3.063
AIDS Care	14	1.902
AIDS Patient Care and STDs	1	3.578
American Journal of Sexuality Education	1	1.53
Antipode	1	1.915
Australian Journal of Political Science	1	0.71
BMC Health Services Research	3	1.606
BMC International Health and Human Rights	1	1.6
BMC Medical Education	2	1.312
BMC public health	4	2.209
BMJ Open	1	2.562
British journal of health psychology	1	2.895
Culture, health & sexuality	4	1.588
Current Opinion in Environmental Sustainability	1	4.766*
Current Opinion in HIV and AIDS	1	4.378
Development	1	7.09
Disability and Rehabilitation	7	1.03
Environmental Science and Policy	1	3.776*
Ethical Quandaries in Social Research	1	-
Global Health Action	2	1.712
Global Health Magazine	1	-
Global Public Health	2	1.978
Global Social Welfare	1	-
Globalization and health	5	2.54
Health	1	0.76
Health Education Research	1	2.456*

Health Human Rights	1	-
Health Policy and Planning	1	3.267*
Health Promotion International	1	2.464*
Health Promotion Practice	1	1.14
Health Research Policy and Systems	4	2.107
Health SA Gesondheid	2	1.56
HealthMED	1	0.06
Human Resources for Health	1	2.416
International Journal of Business Management	3	1.223
International Journal of Education and Development using ICT	1	-
International Perspectives on Aging	1	-
JAIDS Journal of Acquired Immune Deficiency Syndromes	4	3.806
JMIR Research Protocols	1	4.532
Journal for Disability and International Development	2	-
Journal of Affective Disorders	1	3.996*
Journal of Behavioral Medicine	1	2.227
Journal of Biosocial Science	1	1.056
Journal of Child & Adolescent Mental Health	1	1.405
Journal of Community & Applied Social Psychology	1	1.568
Journal of Community Health	1	1.476
Journal of Community Psychology	2	0.797
Journal of Contemporary Management	1	0.654
Journal of Education	2	-
Journal of Health Psychology	1	2.246*
Journal of Human Ecology	1	-
Journal of public health policy	2	1.652
Journal of Risk Research	1	1.027
Journal of School Health	1	1.547
Journal of Southern African Studies	1	0.537
Journal of the Association of Nurses in AIDS care	1	1.398
Journal of the International AIDS Society	7	6.256
PharmacoEconomics	1	2.566
Physiotherapie	1	1.814
PLoS Medicine	1	10.35
PloS ONE	2	3.54
Policy: A Journal of Public Policy and Ideas	1	-
Psychology, Health & Medicine	1	1.347
Review of Economics and Finance	2	-

SAHARA-J: Journal of Social Aspects of HIV/AIDS	3	0.423
Sex Education	4	0.61*
Sexuality and Disability	3	0.771
Sexually Transmitted Infections	1	3.015
Social Science & Medicine	1	3.595*
South African Family Practice	1	0.67*
South African Health Review	1	-
South African Journal of Economic and Management Sciences	1	0.43*
South African Journal of Psychology	1	0.532
South African Medical Journal	1	1.712
South African Review of Sociology	1	-
Southern African Journal of Demography	1	-
Southern African Journal of HIV Medicine	2	2.13*
The Annals of the American Academy of Political & Social Science	1	1.708
The Journal of Nervous and Mental Diseases	1	1.836
Transcultural psychiatry	1	1.861
Vulnerable Children and Youth Studies	4	0.73*
World Journal of AIDS	1	0.59

# Annex 7 – HEARD publications 2010-2015

## Journal articles, books and book chapters

Italicised articles constituted the 20% random sample used for the citation analysis (Google Scholar)

Green marked publications = Included in WoS citation analysis

Red marked publications = Excluded from WoS citation analysis (not found in WoS)

Blue marked publications = Random sample added to WoS citation analysis to keep the same sample size

## 2010

1. *Campbell, C., Cornish, F., Gibbs, A. and Scott, K., 2010. Heeding the push from below: how do social movements persuade the rich to listen to the poor? Journal of Health Psychology, 15(7), pp.962-971 – cited 65 times*
2. Campbell, C. and Gibbs, A. 2010. Gender, poverty and AIDS: perspectives with particular reference to Sub-Saharan Africa. In: Chant, Sylvia, (ed.) The International Handbook of Gender and Poverty: Concepts, Research, Policy. Edward Elgar, Cheltenham, UK, pp. 327-332.
3. Casale, M., Nixon, S., Flicker, S., Rubincam, C. and Jenney, A., 2010. Dilemmas and tensions facing a faith-based organisation promoting HIV prevention among young people in South Africa. African Journal of AIDS Research, 9(2), pp.135-145
4. Chao, L., Gow, J., Akintola, G. and Pauly, M., 2010. HIV/AIDS stigma attitudes among educators in KwaZulu-Natal, South Africa. Journal of School Health, 80(11), pp.561-569
5. Casale, M and Drimie, S., 2010. Key to a good life or just a bad investment? How do carers of children view and value education in the context of high HIV and AIDS? Vulnerable Children and Youth Studies, 5(2), pp.163–173
6. Chao, L., Gow, J., Akintola, G., and Pauly, M., 2010. A comparative evaluation of two interventions for educator training in South Africa, International Journal of Education and Development using ICT, 6(1) pp1-14.
7. George, Gavin, et al., 2010. The impact of ART scale upon health workers: evidence from two South African districts. AIDS care 22.sup1 2010. : 77-84.
8. *George, G., Govender, K. and Reardon, C., 2010. Which teachers talk about sex? Psycho- social determinants of educator engagement with high school*

- learners on HIV/AIDS and sexual practices. Journal of Education, 50, pp.83-114 – cited 2 times*
9. Gibbs, A. and Campbell, C., 2010. Political will as a significant ‘social determinant of health’: a South African case study. In: S. Bhattacharya, S. Messenger and C. Overy, eds. Social determinants of health: assessing theory, policy and practice Hyderabad: Orient Blackswan, pp. 242-262
  10. *Gibbs, A., 2010. Understandings of gender and HIV in the South African media. AIDS Care, special supplement on Community Mobilisation, 22(2), pp.1620 - 1628 – cited 12 times*
  11. *Gibbs, A., Campbell, C., Maimane, S. and Nair, Y., 2010. Mismatches between youth aspirations and participatory HIV/AIDS programmes in South Africa. African Journal of AIDS Research, 9(2), pp.153-163 – cited 18 times*
  12. Gow, J. and Grant, B. Grape grubbers: The case against wine industry reregulation. Policy: A Journal of Public Policy and Ideas 26.3 2010. : 26.
  13. Gow, J. and Grant, B. 2010. South African forestry companies and their human resources management strategies towards HIV/AIDS, African Journal of AIDS Research, 9(3) pp 285-295. Human-resources strategies for managing HIV/AIDS: the case of the South African forestry industry
  14. *Hanass-Hancock, J. and Satande, L., 2010. Deafness and HIV/AIDS: a systematic review of the literature. African Journal of AIDS Research, 9(2), pp.187-192 – cited 7 times*
  15. Hanass-Hancock, J., 2010. Disability and HIV at the XVIII International AIDS Conference. Journal for Disability and International Development, 3, pp.40-41
  16. Misselhorn, A., Challinor, A., Jones, J., Plocq- Fichelet, V., Schaldach, R. and Thornton, P., 2010. Surprises and possibilities. In: J.S.I. Ingram, P.J. Ericksen and D.M. Liverman, eds. Food security and global environmental change. London: Earthscan, Ch.20
  17. Misselhorn, A., Eakin, H. Devereux, S., Drimie, S., Msangi, S., Simelton, E. and Stafford Smith, M., 2010. Vulnerability to what? In: J.S.I. Ingram, P.J. Ericksen and D.M. Liverman, eds. Food security and global environmental change. London: Earthscan, Ch.7
  18. Navario, P., Ramjee, G., Rees, H., Bekker, LG., Venter, F., Blecher, M., Whiteside, A., Darkoh, E., Hecht, R., Wolvaardt, G., McIntyre, J., Nattrass, N., Wood, R. 2010. Special report on the State of HIV/AIDS in South Africa, Global Health Magazine.
  19. O’Brien, K., Quinlan, T. and Ziervogel, G., 2010. Vulnerability Interventions in the context of multiple stressors: lessons from the southern Africa vulnerability initiative (SAVI), Environmental Science & Policy, 12(1), pp.23- 32
  20. Parkhurst, J. and Whiteside, A., 2010. Innovative responses for preventing HIV transmission: the protective value of population-wide interruptions of risk activity, Southern African Journal of HIV Medicine, 11(1), pp.19-21
  21. Reid, S., Dawad, S. and Van Niekerk, A., 2010 Latrogenic HIV transmission in South Africa: evidence, estimates and moral perspectives. South African Family Practice, 52(5), pp.476- 477
  22. Rogan, M., Hynie, M., Casale, M., Jobson, G., Flicker, S., Nixon, S. and Dawad, S., 2010. The effects of gender and socioeconomic status on youth

- sexual-risk norms: evidence from a poor urban community in South Africa. *African Journal of AIDS Research*, 9(4), pp.355-366
23. *Russell, S., Seeley, J., & Whiteside, A. 2010. . Expanding antiretroviral therapy provision in resource-constrained settings: social processes and their policy challenges. AIDS care, 22(sup1), 1-5. – cited 5 times*
  24. Singh, D., Chaudoir, S.R., Cabrera Escobar, M. and Kalichman, S., 2010. Stigma, burden, social support, and willingness to care among caregivers of PLWHA in home-based care in South Africa. *AIDS Care*, 23(7), pp. 839-845
  25. Smith, J. and Whiteside, A., 2010. The history of AIDS exceptionalism. *Journal of the International AIDS Society*, 13:47 doi: 10.1186/1758-2652-13-47
  26. Taleski, SJ., Ahmed, K. and Whiteside, A., 2010. The relationship between economic evaluations and HIV and AIDS treatment policies *Current Opinion in HIV and AIDS*, 5(3), pp.204-209
  27. Van der Merwe, A. and Quinlan, T., 2010. Case study: Becoming a learning organisation - the process at an HIV/AIDS research unit in South Africa. In: N. Coulson, G. Goldstone, A. Ntuli and N. Pillay, eds. *Developing capacity for health: a practical approach*. Johannesburg: Heinemann, pp. 219-227
  28. Veenstra, N., Whiteside, A., Lalloo, D., and Gibbs, A., 2010. Unplanned antiretroviral treatment interruptions in southern Africa: how should we be managing these? *Globalisation and Health*, 6:4 doi:10.1186/1744-8603-6-4
  29. Whiteside, A., Russell, S., and Seeley, J. 2010. Editorial, *AIDS Care Psychological and Socio-medical Aspects of AIDS/HIV*, 22(1), pp1-5. doi:10.1080/09540121003786078.

## 2011

30. Bhagwanjee, A., Govender, K., Petersen, I., Akintola, O., George, G., Johnstone, L., and Naidoo, K. 2011. Patterns of disclosure and antiretroviral treatment adherence in a South African mining workplace programme and implications for HIV prevention, *African Journal of AIDS Research*, 10(3), pp357–68, doi: 10.2989/16085906.2011.637737.
31. Campbell, C., Skovdal, M., and Gibbs, A. 2011. Creating social spaces to tackle AIDS-related stigma: Reviewing the role of church groups in sub-Saharan Africa, *AIDS and Behaviour*, 10(3), doi: 10.1007/s10461-010-9766-0.
32. Casale, M., and Hanass-Hancock, J. 2011. Of drama, dreams and desire: creative approaches to applied sex education in Southern Africa, *Sex Education* 11(4), pp353-68, doi: 10.1080/14681811.2011.595228.
33. Casale, M., Flicker, S., and Nixon, S. 2011. Fieldwork challenges: Lessons learned from a north-south public health research partnership, *Health Promotion Practice*, 13(2), doi 10.1177/1524839910369201.
34. *Casale, M. 2011. 'I am living a peaceful life with my grandchildren. Nothing else.' Stories of adversity and 'resilience' of older women caring for children in the context of HIV/AIDS and other stressors, Ageing and Society, (31), pp1265–88, doi: 10.1017/S0144686X10001303. – cited 23 times*
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Gibbs, Andrew, Orza, L., Mannell, J., Willan, S and Tyler, CE, 2013. National strategic plans for HIV and AIDS in southern and eastern Africa: A women's rights perspective on integrating treatment, care and support, HIV/AIDS and the MDGs in Pallotti, A. and Zamponi, M. eds. *HIV/AIDS in Southern Africa: Challenges, Policies and Actors*. Villa Veruchio: La Pleve Poligrafica Editore, pp. 71-88

Cited by: 0

#### **Case study #3. SADC scale-up of VMMC**



Maughan-Brown, Brendan, et al. A cut above the rest: traditional male circumcision and HIV risk among Xhosa men in Cape Town, South Africa. *JAIDS Journal of Acquired Immune Deficiency Syndromes* 58.5, 2011. 499-505.

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#### **Journal Articles/Books:**

Kenyon, Chris, Jozefien Buyze, and Robert Colebunders. HIV prevalence by race co-varies closely with concurrency and number of sex partners in South Africa. *PLoS One* 8.5, 2013. e64080.

Nattrass, Nicoli, et al. Poverty, sexual behaviour, gender and HIV infection among young black men and women in Cape Town, South Africa. *African Journal of AIDS Research* 11.4, 2012. 307-317.

Maughan-Brown, Brendan, and Atheendar S. Venkataramani. Learning that circumcision is protective against HIV: risk compensation among men and women in Cape Town, South Africa. *PloS one* 7.7, 2012. e40753.

Hewett, Paul C., et al. The (Mis) reporting of male circumcision status among Men and women in Zambia and Swaziland: a randomized evaluation of interview methods. *PloS One* 7.5, 2012. e36251.

Sarvestani, Amir Sabet, et al. Traditional male circumcision in Uganda: a qualitative focus group discussion analysis. *PloS one* 7.10, 2012. e45316.

Greely, Precious, et al. Traditional male circumcision for reducing the risk of HIV infection: perspectives of young people in South Africa. *Culture, health & sexuality* 15.2, 2013. 148-159.

Gray, Richard T., et al. Impact of Male Circumcision on the HIV Epidemic in Papua New Guinea: A Country with Extensive Foreskin Cutting Practices. *PloS one* 9.8, 2014. e104531.

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Toefy, Yoesrie, Donald Skinner, and Sarah C. Thomsen. What do You Mean I've Got to Wait for Six Weeks?! Understanding the Sexual Behaviour of Men and Their Female Partners after Voluntary Medical Male Circumcision in the Western Cape. *PloS one* 10.7, 2015. e0133156.

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Binder-Finnema, Pauline, et al. 'I have made children, so what's the problem?' Retrospective self-circumcision and the sexual and urological health needs of some Somali men in Sweden. *Sexual & Reproductive Healthcare* 11 (2017): 36-40.

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Eaton, Lisa A., Nelli Westercamp, and Aushin Abraham. Risk Compensation in Response to HIV Prevention. *Biomedical Advances in HIV Prevention*. Springer New York, 2014. 109-137.

Meel, Banwari L. License to cut and kill practice: a case report on botched circumcision in Mthatha region of South Africa. *South African Family Practice* 58.sup1, 2016. S5-S6.

Bayaga, A. Computing Transition Intensity Using Time-Homogeneous Markov Jump Process: Case of South African HIV/AIDS Disposition. *Computing* 1: 35299.

Zungu, N. P., et al. HIV risk perception and behavior among medically and traditionally circumcised males in South Africa. *BMC public health* 16.1, 2016. 1.

### **Dissertations, Working Papers, Briefs:**

Johnson, Leigh, et al. THEMBISA version 1.0: A model for evaluating the impact of HIV/AIDS in South Africa. *Centre for Infectious Disease Epidemiology and Research Working Paper February*, 2014.

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Regondi, I., Govender, K., Naidoo, K., and George, G., 2013. Medical circumcision and the politics of no alternative; Why the public health imperative scored a victory against HIV/AIDS; in Smith. R.A., (Ed) *Global HIV/AIDS politics, policy and activism, persistent challenges and emerging issue*, V2, Praeger:CA

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George, Gavin, et al. Barriers and facilitators to the uptake of voluntary medical male circumcision (VMMC) among adolescent boys in KwaZulu-Natal, South Africa. *African Journal of AIDS Research* 13.2, 2014. 179-187.

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Govender, Kaymarlin, Janet Seeley, and Charlotte Watts. Addressing structural factors in HIV prevention and treatment. *African Journal of AIDS Research* 13.2, 2014. iii-v.

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### **Dissertations, Working Papers, Briefs:**

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Govender, Kaymarlin, et al. Voluntary Medical Male Circumcision in South Africa: challenges and opportunities. *South African Health Review*, 2013. 127-137.

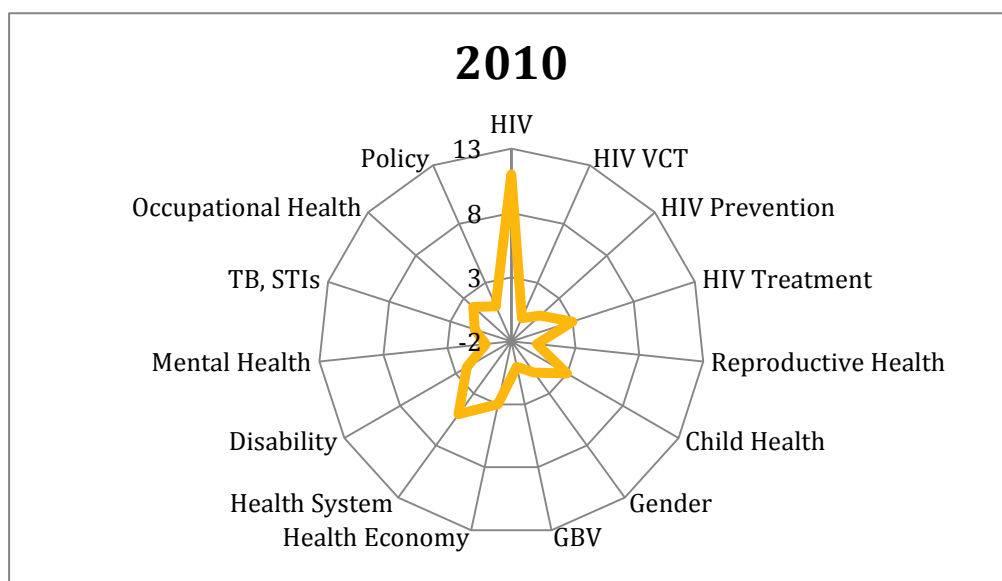
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### **Journal Articles/Books:**

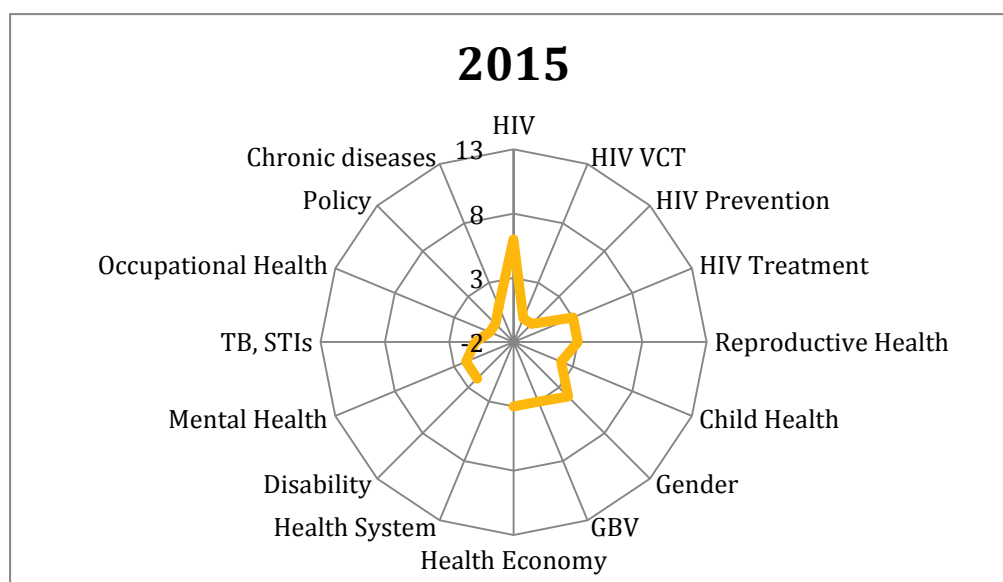
Tchuenche, Michel, et al. The cost of voluntary medical male circumcision in South Africa. *PloS one* 11.10, 2016. e0160207.

Milovanovic, Minja, et al. Perceptions of the PrePex device among men who received or refused PrePex circumcision and people accompanying them. *Journal of Acquired Immune Deficiency Syndromes (1999)* 72.Suppl 1, 2016. S78.

## Annex 9 – Key word categorization of HEARD research projects

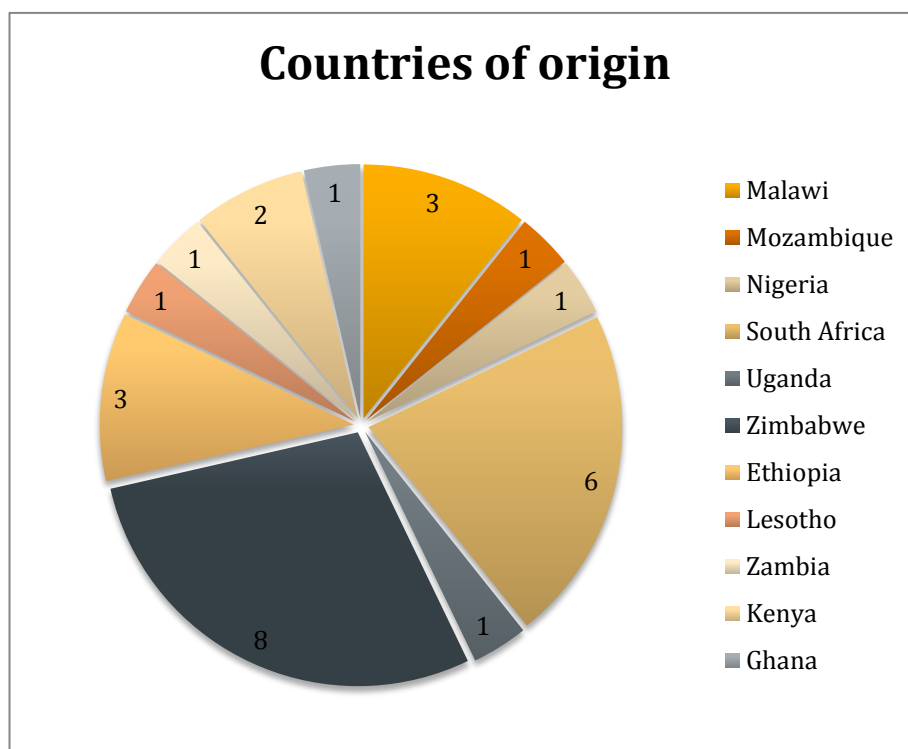


Annex Figure 1: Key word categorization of research projects 2010



Annex Figure 2: Key word categorization of research projects 2015

## Annex 10 – HEARD PhD students by country



Annex Figure 3: Countries of origin of PhD students and graduates (state: November 2016)

# Annex 11 – HEARD engagements in policies and programmes: 2010-2015

## Global

1. Strategic contributions to United Nations Secretary General and United Nations High Level meeting on universal health coverage (UHC), health financing and the Sustainable SDGs <sup>1</sup>
2. Technical support to the ILO on social protection and disability <sup>1</sup>
3. Writing the principal background document to the 37th UNAIDS programme coordination board meeting in Geneva in Oct 2015 <sup>2,8</sup>
4. Technical support to UNAIDS at the global and regional level on HIV, health and sustainable financing <sup>1</sup>
5. Technical support to UNDP on sexual and reproductive health and rights in key populations <sup>1</sup>
6. Review of intimate partner violence prevention interventions global report on DFID's What Works to Reduce Violence Against Women and Girls programme <sup>3</sup>
7. Technical support to UNAIDS on the global Gender-based Violence and HIV Implementation Framework <sup>2,3</sup>
8. Review of the UNAIDS Strategy Brief for Integrating Disability into AIDS Programming <sup>8</sup>
9. Input into the development of the Global Fund to Fight HIV/AIDS, TB and Malaria (GFATM) new funding model <sup>4</sup>
10. Analysis of the UNAIDS gender policy 'Agenda for Accelerated Country Action for Women, Girls, Gender Equality and the Context of HIV' to understand the limited impact of gender and HIV policies <sup>6</sup>

## Regional – southern Africa, eastern & southern Africa (ESA)

11. Development of the strategy for the new Regional Think-Tank on HIV, Health and Social Justice, including a key background document on lesbian, gay, bi-sexual, transexual, intersex (LGBTI) communities <sup>1-3,8</sup>
12. Host of the Secretariat for the 2015-2018 Global Fund grant for civil society on removing legal barriers to access to HIV and TB services <sup>2</sup>
13. Contribution to the SADC Monitoring, Evaluation and Reporting (MER) meeting for Orphans and Vulnerable Children (OVC) & Youth on strategic interventions for OVCs in the region <sup>1</sup>
14. Research expertise, member of Steering Committee and Chair of Social Protection working group of the Regional Interagency Task Team on Children (RIATT) – ESA <sup>1,3</sup>
15. Input into the midterm review and revised strategy of the SADC thematic working group on HIV/TB and Malaria <sup>1</sup>
16. Contribution to the SADC HIV secretariat on Round 11 implementation of projects on research with mobile populations <sup>1</sup>

17. Contribution to strategic activities of the African Capacity Alliance, including resource mobilisation and Board membership <sup>1</sup>
18. Contribution to the GIZ disability think thank on disability, poverty and innovative research trajectories on HIV in ESA <sup>1</sup>
19. Contribution to the SADC sustainable finance think thank on health and HIV <sup>1,3</sup>
20. Baseline research and technical support to SADC Parliamentary Forum to develop the capacity of parliamentarians to advocate on SRHR and HIV <sup>1,3</sup>
21. Regional peer review of the Global Fund concept notes in the ESA region <sup>3</sup>
22. Contributions to the UNAIDS ESA investment framework, including review and analytical work around the investment cases and the 'Fast Track' agenda <sup>3</sup>
23. Inputs for UNAIDS ESA Gender Focal Person on integrating gender equity <sup>3</sup>
24. Development of UNAIDS Regional Support Team ESA disability strategy, including facilitating the consultative process and writing the discussion paper <sup>3</sup>
25. Regional analysis and technical support for the International Organisation for Migration (IOM) on African port vulnerabilities to HIV <sup>3</sup>
26. Technical support to UNAIDS Human Rights Regional Scoping Review <sup>3</sup>
27. Development of a framework to guide representatives from National AIDS Councils in ESA on how to include disability within NSPs, including a three-day training and analysis tool <sup>8</sup>
28. Drafting a discussion paper on psychosocial support for children with disability and their carers for the Regional Psychosocial Support Initiative (REPPSI) <sup>8</sup>
29. Technical brief on the scale-up of Voluntary Medical Male Circumcision (MMC) in the SADC region <sup>4</sup>
30. Analysis of the economics costs of SMS technology compared to point of care CD4 testing for SADC <sup>4</sup>
31. Regional and national support and training on gender and NSPs, including the Case Study Brief: How to Make Friends and Influence People <sup>4</sup>
32. Interim programme assessment of the "Rolling +" peer supporter intervention for Networking HIV/AIDS Community of South Africa (NACOSA) <sup>8</sup>
33. Review of 15 Cities' Response to HIV, development of a conceptual framework for understanding HIV and slums (UNAIDS/UNHABITAT-commissioned) and a generic methodology to assess city responses based on a case study of Durban <sup>6,7</sup>
34. Analysis of all NSPs in eastern and southern Africa against the 'From Talk to Action' framework and engagement NGOs, government and UN stakeholders to begin transforming NSPs <sup>6</sup>
35. Development of 10-point guidelines in a Framework for Women, Girls, Gender Equality and HIV to strengthen the response to gender inequalities in the new generation of NSPs in ESA <sup>7</sup>
36. Report and forum with parliamentarians in southern Africa on international legal obligations in SRHR and HIV in Africa and the role of the African Women's Protocol <sup>7</sup>
37. Review of the region's legal obligations on disability and HIV, and NSPs and disability, presented in two reports and policy briefs <sup>7</sup>

#### National – South Africa

38. Economic analysis and technical assistance to the South Africa National AIDS Council (SANAC), including costing the South Africa investment case and contributions to the SANAC Technical Task Team on Costing & Finance on HIV and health <sup>1,3,8</sup>

39. Technical assistance to the South Africa National Department of Health and WHO, including mapping the Basic Accounting System to a System of Health Accounts for National Health Expenditure <sup>1,3,8</sup>
40. Technical Assistance on domestic resource flows for population activities in South Africa for UNFPA <sup>3,8</sup>
41. Gender equality assessment of provincial HIV, STIs and TB strategic and operational plans in South Africa <sup>8</sup>
42. Contribution to South African framework for disability and rehabilitation <sup>1</sup>
43. Contribution to the Critical Enablers group for the South African investment case around gender and intimate partner violence <sup>1</sup>
44. Technical support for the development of scripted lesson plans for comprehensive sexuality education and evaluation of educator training for the South African School-Based Sexuality and HIV Prevention Education Activity. <sup>1</sup>
45. Technical support to DREAMS - SA programme evaluation <sup>1</sup>
46. Analysis of how and why women who have sex with women are included in the South African NSP <sup>8</sup>
47. Recommendations to the Department of Basic Education (DBE) on the implementation of the Life Orientation curriculum <sup>5</sup>
48. Technical assistance to the Department for Basic Education (DBE) in developing their Draft Integrated Strategy on HIV and AIDS 2012 – 2016, including the development of 10 GIS maps (nine provincial and one national) of the interaction between education, HIV and poverty <sup>6,7</sup>
49. Engagement with faith-based organizations and local health builders to screen animated videos on HIV testing, stages of infection and ARVs, and carry out confidential screening activities in underserved villages <sup>6</sup>
50. Research and advocacy strategy development on coerced or forced sterilization of women living with HIV <sup>7</sup>

#### National - other

51. Support to Malawi's Ministry of Health to develop its position on Malawi's abortion laws and respond to the UN CEDAW call for abortion law liberalization <sup>2,8</sup>
52. Stakeholder consultation and inception work for the Namibian investment cases for UNAIDS ESA RST <sup>3</sup>
53. Development of the 2014-2019 Kenyan AIDS Strategic Framework <sup>3</sup>
54. Application of the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) in Swaziland and Lesotho to analyze the sustainability of these two national HIV programs <sup>5</sup>
55. Technical assistance (two in-country visits and a stakeholder workshop) to civil society, government, the National AIDS Council and the UN in Zimbabwe to analyze gender equality in their new NSP <sup>5</sup>

#### Subnational

56. Public expenditure tracking and quantitative service delivery survey in Gauteng Province for the World Bank 2014-2015 <sup>3,8</sup>
57. Pilot intervention with KZN Department of Education on HIV & sexuality education for learners with disabilities <sup>3</sup>
58. Comparison of the KZN Department of Health clinic-based system for TB with a home-based care model <sup>4</sup>



Project-specific

59. Financial and Economic Costs of Disability in South Africa, costing of disability in South Africa and analyses of South African progress on implementation of Convention on the Rights of Persons with Disabilities, discussed with the Department of Social Development (in October 2014, Johannesburg), a technical meeting on social protection with the ILO and IDA (Geneva 2015) and the 3rd session of the UN Partnership to Promote the Rights of Persons with Disabilities (UNPRPD) in Dublin 2015 <sup>3,8</sup>
60. USAID/PEPFAR using Stepping Stones/Creating Futures and knowledge generated in its use to shape own work; series of meetings and continued consultation around the use of this intervention both within South Africa and across Africa, including as part of DREAMS <sup>1</sup>
61. Findings from the Young Carers research study have influenced the SADC Minimum Package of Services for Vulnerable Children, the South African National Action Plan for children Infected and Affected by HIV/AIDS, the Lesotho Government programme of care for OVC, and the World Health Organization Ethical Guidance notes for working with adolescents <sup>4</sup>

Sources: 1. M&E report 2015; 2. Annual report 2015; 3. Annual report 2014; 4. Annual report 2013; 5. Annual report 2012; 6. Annual report 2011; 7. Annual report 2010; 8. <http://www.heard.org.za/policy-engagement/>

# Annex 12 – Overview of key HEARD engagements

## **Strengthening sexuality education through the South African Department of Basic Education (DBE)**

HEARD initially became involved with DBE through a USAID-funded programme that began in 2001. Over time, HEARD and DBE joint efforts have aimed to shift from a discrete, knowledge-based intervention addressing one area of learners' lives to better integrate sexuality education into comprehensive approaches within and beyond the classroom. HEARD has contributed:

*Research to inform policy formulation:* review of existing literature on addressing the educational needs of HIV-positive learners and psychosocial support programs implemented in school settings, the extent to which the Life Skills curriculum was aligned to international benchmarks, spatially mapping education and HIV data to identify areas of greatest need

*Technical assistance, stakeholder consultation and iterative development to formulate strategy and policy:* Integrated Strategy on HIV, STIs and TB 2012 – 2016, draft National Policy for the Prevention and Management of Learner Pregnancy

*Implementation research and policy evaluation* to assess how policies are implemented in practice and with what effect:

- Breaking the Silence study, which identified challenges and gaps in the delivery of sexuality education to learners with disabilities in Life Orientation (LO) lessons in KwaZulu-Natal, and created a training manual to address them
- Implementation research in KwaZulu-Natal, Gauteng and Mpumalanga provinces which identified individual, interpersonal and school/district level factors affecting educator LO delivery, dynamics that support or hinder young people's engagement, and the role of CSOs
- Building on these findings, the current Youth Health and Prevention Project seeks to determine how risk, vulnerability and resilience factors interact and affect adolescents' lives; and the
- School-Based Sexuality and HIV Prevention Education Activity aims to improve the quality of these programmes, increase the number of teachers qualified to teach sexuality education, and strengthen DBE's capacity to provide this teacher training and to implement the Integrated School Health Program, and improve learner knowledge, achievement and retention

Collaborators: QuadPara Association KZN, Education Development Centre, Society for Family Health and Mott MacDonald; Funding through USAID/PEPFAR, SIDA, DBE

Articles published in Sex Education, Sexuality and Disability, Health Education Journal, Journal of Education

### **Development of the Kenya AIDS Strategic Framework (KASF) 2014/15-2018/19**

Since 2000, three prior National AIDS Strategic Plans have set out the country's response, including an emphasis on 'effectively responding to the evidence base and a coordinated, comprehensive, high quality combination prevention, treatment and care services'.<sup>43</sup> The approaches in third NASP in particular focused on the use of strategic information and evidence, results-based management, human rights and gender equality, tailored strategies, sectoral implementation and systems strengthening.

Although some KNASP content and consultation processes have been similar over time, the devolution of many central government functions mandated in the 2010 Kenyan Constitution shifted the orientation of the KASF from a single national plan to a framework to guide the 47 counties in their response.

From 2013-2014 Nana Poku – who was initially selected through a competitive application process and who transitioned to his current position at HEARD during this project – served as the lead of a team of consultants responsible for the delivering the framework. This work involved conducting the end-term review of the third National AIDS Strategic Plan 2009/10 – 2012/13 to consolidate the evidence and inform the KASF, discussions with the National AIDS Control Council (who facilitated national stakeholder consultation processes), ministries and UN agencies, developing a country-level discussion and reporting guide as well as guidance to technical working groups based on a results-based approach, and developing the framework itself.

The KASF aims to address the drivers of the HIV epidemic. In addition to continuing some of the core approaches in the previous plan, it also calls for increased domestic financing and the removal of legal and policy barriers to accessing HIV services for marginalized key population groups like men who have sex with men.

Beyond Kenya, HEARD has been involved to varying degrees in developing and reviewing investment cases in an additional thirteen countries. Most recently in

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<sup>43</sup> <http://nacc.or.ke/policy-guidelines/>

Namibia, for example, HEARD worked with regional HIV teams to identify needs and gaps, and subsequently with the Minister of Health and cabinet members on policy formulation and adoption.

### **HIV prevention and financing with SADC**

Established in 1992, the Southern African Development Community (SADC) is a regional economic community comprised of 15 member states, who are committed to regional integration and poverty eradication within Southern Africa through economic development and ensuring peace and security. Health is one of eleven regional integration themes and HIV/AIDS one of eight cross-cutting themes. HEARD is a member of SADC thematic group on HIV/AIDS, TB and Malaria that guides strategic programming in SADC countries and part of the HIV prevention working group. Their involvement with SADC and more broadly in the area of HIV prevention among men includes:

#### *Research and convening to frame agendas and inform policy formulation:*

- Guest editing two special issues in the African Journal of AIDS Research on HIV prevention on contextualising structural drivers of HIV and fast tracking HIV prevention
- Hosting an international conference on structural drivers of HIV for the past four years
- Randomised control trial of roadside wellness clinics for truck drivers in Zimbabwe, Mozambique and South Africa to prevent HIV through increased condom use and promote linkages to care for HIV positive men

*Technical inputs to formulate strategy and policy:* Strategic Framework for Sustainable HIV and Health, approved by SADC ministers in Jan 2015, assistance to member states in designing implementation modalities to apply to the SADC HIV fund, policy brief on VMMC considerations for policy and practice

*Implementation research and policy evaluation* to assess how policies are implemented in practice and with what effect:

- Systematic review of VMMC policies in 15 SADC member states, report and 4-page technical brief
- Prospective cohort study assessing behavioural disinhibition following medical circumcision in youth and adult males in KwaZulu-Natal
- Challenges and opportunities to scaling up VMMC in South Africa

Collaborators: North Star Alliance, Eduardo Molane University, FACT, City University New York, MSH, CAPRISA

Book contributions and articles published in the African Journal of AIDS Research, South African Health Review, International Journal of Behavioural Medicine, Health Systems Trust Review

**Strengthening social protection, including leadership in the RIATT network**

The Regional Inter-agency Task Team on Children and AIDS in Eastern and Southern Africa (RIATT-ESA) was formed in 2006 between regional political and economic bodies, civil society organisations, academia, donors and UN agencies in response to the Global Partners Forum recommendations to set up Regional Interagency Task Teams on Children. This network of organisations aims to work together to influence global, regional and national policy formulation and implementation for children and their families, with a focus on social protection, advocacy, and care and support. HEARD serves as the only academic sector representative in the network. Kaymarlin Govender leads the social protection working group and is a member of the network's steering committee. HEARD's engagement with RIATT and their broader social protection portfolio includes:

*Research to frame agendas and inform policy formulation*, 'an encouraging sign of a shifting focus in HIV research from a deficit-focused approach to one that encompasses resilience as well as risk... the malleable protective factors that promote the capacity for positive adaptation, growth and development in the context of complex, HIV-related adversities' (Masten 2016, p.364-5)

- Resourcing resilience: The case for social protection for adherence and HIV-related outcomes in children and adolescents in Eastern and Southern Africa (through RIATT), an 80-page report and accompanying 4-page policy brief with infographics
- Child prosociality within HIV-affected contexts: The impact of carer ill-health and orphan status
- Evaluation of the DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe lives) initiative, a multi-component intervention currently taking place in KwaZulu-Natal and Gauteng, which aims to reduce HIV incidence in adolescent girls and young women by addressing education, health, violence and employment

*Technical inputs to formulate strategy*: UNAIDS 'Social Protection: A Fast-Track Commitment to End AIDS: Guidance for policy makers and civil society'

# Annex 13 – Download statistics for selected HEARD reports and policy briefs

#Downloads	HEARD Reports & Policy Briefs: 2012-2015
221	HEARD, 2015. Sexual and reproductive health and rights: Zimbabwe country fact sheet.
190	Daly, F., 2015. Claiming the human right to health for women who have sex with women through South Africa's national strategic plans on HIV and STIs.
169	HEARD, 2013. Voluntary medical male circumcision – considerations for policy and practice.
154	HEARD, 2015. Sexual and reproductive health and rights: Mauritius country fact sheet.
151	HEARD, 2013. How to make friends and influence people: tracking the impact of the 'Framework for women, girls and gender equality in national strategic plans in southern and eastern Africa'.
121	HEARD, 2015. Human rights and the HIV response: Eastern and Southern Africa region.
113	HEARD, 2015. Sexual and reproductive health and rights: Lesotho country fact sheet.
92	USAID, HEARD, MSH, PEPFAR, Sida, 2013. Voluntary male medical circumcision for HIV prevention.
88	Gibbs, A., and Washington, L., 2015. Creating a world free from violence – The Stepping Stones and Creating Futures Intervention trial.
86	Ingram, J., Aggarwal, P., Ericksen, P., Gregory, P., Horn-Phathanothai, L., Misselhorn, A., and Wiebe, K. 2013. Food security for a planet under pressure. Transition to sustainability: interconnected challenges and solutions.
85	Therkelsen, D., 2015. The challenges to antiretroviral adherence among MSM and LGBTI living with HIV in Nairobi, Kenya – A qualitative study.
63	Therkelsen, D., 2015. The challenges to antiretroviral adherence among MSM and LGBTI living with HIV in east and southern Africa – A systematic literature review.
45	Cluver, L. D., Orkin, M., Boyes, M. E., Sherr, L., Nikelo, J., & Makhasi, D., 2013. Pathways from parental AIDS to psychological, educational and HIV risks for children.
32	Casale, M., Dawad, S., Flicker, S., Hynie, M., Jenney, A., Jobson, G., Nixon, S., O'Brien, K., Rogan, M., Rubincam, C., Cele, P., Magadlela, O., Mhlongo, W., Phakathi, P., Radebe, S., and Zwane, T., 2012. They made us who we are today: A retrospective evaluation of the 1st 5-year cohort of the iThemba Lethu HIV prevention Programme (2002-2006).

# Annex 14 – HEARD staffing trends 2011-2016

	Management	Senior Researcher	Researchers	Admin support	Junior Researchers	Interns	Research Assistants	Post- docs
<b>2011</b>	3	3	4	12	3	3	1	1
<b>2012</b>	3	4	4	11	3	4	12	2
<b>2013</b>	3	4	5	11	1	3	15	2
<b>2014</b>	3	4	3	10	4	1	15	0
<b>2015</b>	3	4	3	8	4	2	7	1

# Annex 15 – HEARD income by donor 2016

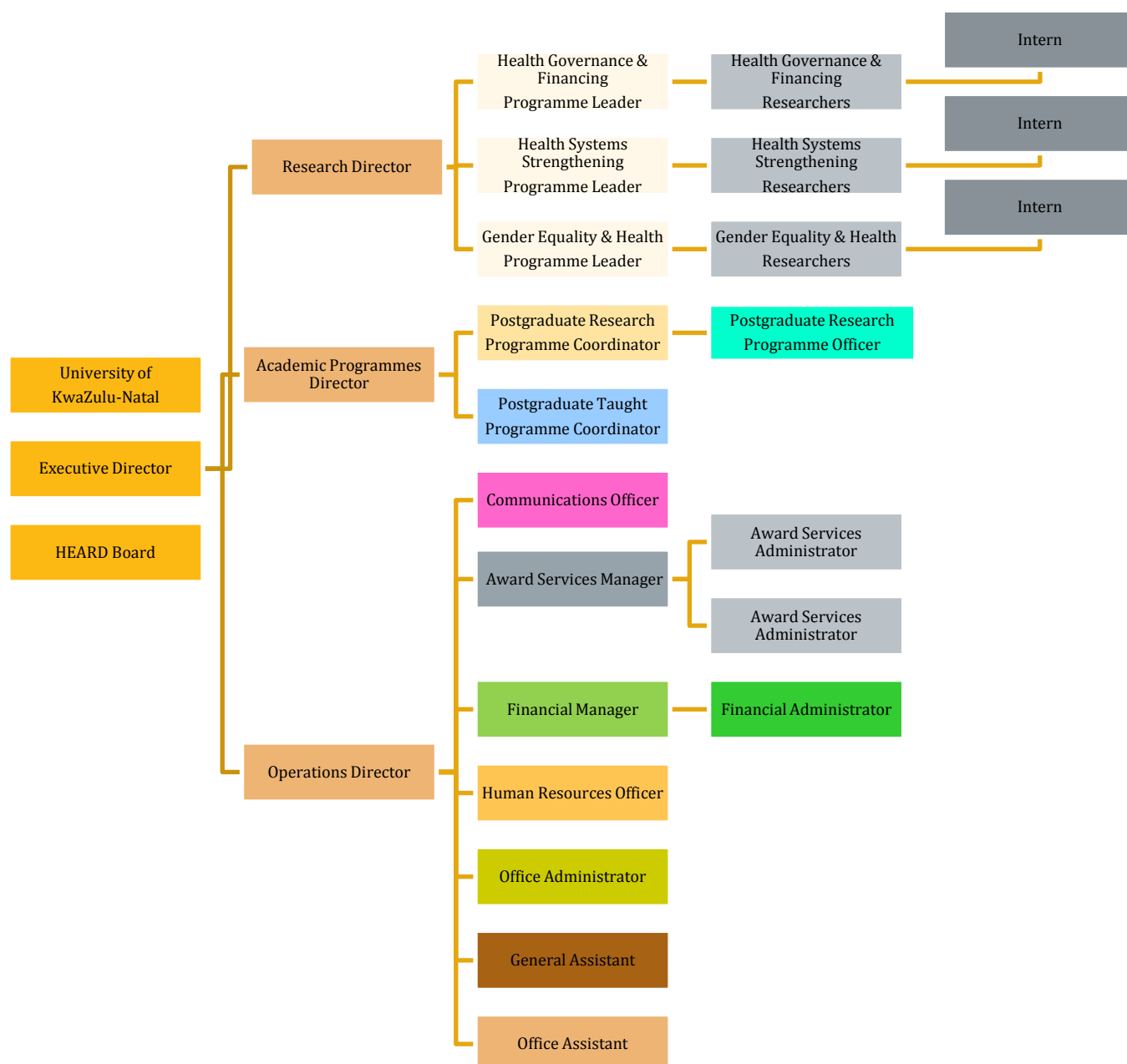
Project Name	Contract Amount	Start	Ends	Received prior 2016	Income for 2016
3iE (Phase 1&2)	R 681.733,00	01. Dez 14	01. Juni 16	R 131.175	R 550.558
AFSA (Phase 2)	R 332.091,00	01. Nov 15	30. Juni 16		R 332.091
EDC SHAPE	R 4.541.585,10	01. Apr 15	19. Jan 20	R -	R 1.545.144
PACT	R 1.100.365,00	01. Sep 15	30. Juni 16	R -	R 1.100.365
HST PETS	R 82.550,00	01. März 16	30. Apr 16	R -	R 82.550
SADC SAPTIS	R 7.500.000,00	01. Dez 14	30. Nov 16	R 1.368.088	R 1.909.438
WHAT WORKS	R 1.739.491,00	01. Juni 15	30. Dez 17	R 889.683	R 849.808
Marti Diagnostics	R 316.777,00	01. Apr 16	31. Dez 16	R -	R 316.777
NIH	R 1.319.381,00	01. Mai 16	31. Dez 20	R -	R 170.352
OPM Buffalo City		01. Mai 16	31. Dez 16		
Dreams	R 3.750.000,00	01. Mai 16	30. Sep 18	R -	R 750.000
HIPPS (new)	R 1.500.000,00	01. Mai 16	30. Sep 18	R -	R 750.000
					<b>R 8.357.083</b>



# Annex 16 – Overheads and subsidies

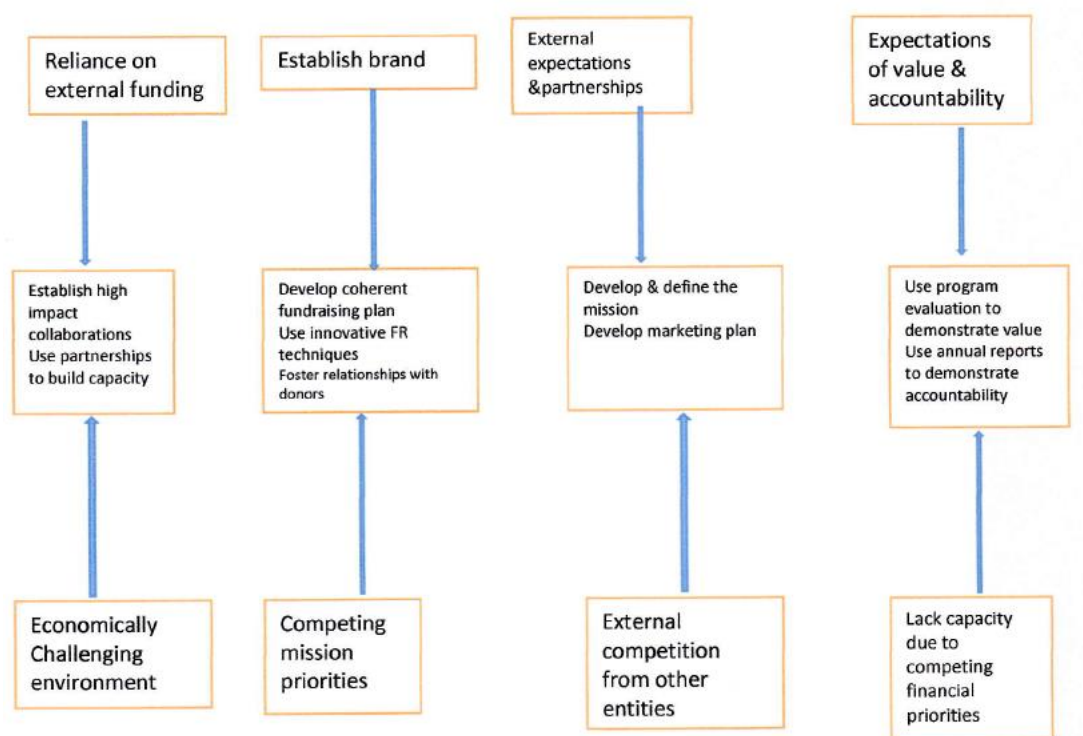
Contributions to UKZN through o/h, gov subsidies								
	2013		2014		2015		2016	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Overheads/ admin		R491.201		R557.252		R1.092.871		R1.827.240
Publications	34	R4.080.000	39	R4.680.000	25	R3.000.000	35	R4.200.000
PhDs Graduated	1	R500.000	3	R1.500.000	2	R1.000.000	5	R2.500.000
Total		5.071.201		6.737.252		5.092.871		R8.527.240
Total for all years								R25.428.564
The university receives approx R500K per PhD graduated and Approx R120K per publication. 2016 figures for publications and o/h contributions are estimates.								

# Annex 17 – HEARD organogram



# Annex 18 – Conceptual model of financial sustainability

(Source: Modified from Rand Corporation<sup>44</sup>)



<sup>44</sup> idem

## Annex 19 – Examples of models

- **Wits Health Consortium (Pty) Limited (WHC), Witwatersrand, South Africa:** WHC is a wholly owned not for profit Company of the University of the Witwatersrand, Johannesburg (South Africa) under its Faculty of Health Sciences. This is at the extreme of the autonomy and business operations of a university center. The Wits Health Consortium provides Faculty with a legal framework within which to operate their research and other activities necessary to support its academic objectives. Its main mandate is to market and commercialize the University's intellectual capital through short course management, contract research and consulting, intellectual property management and technology transfer. The flexible manner in which WHC is structured encourages academics to operate their entities along entrepreneurial lines with strong investigator ownership. WHC balances reducing unnecessary bureaucratic control whilst still ensuring that activities are conducted in a formalized, controlled and well managed environment. **WHC manages donor grants and when it generates any surpluses, these are used to improve services, pay their staff and also invest in academic infrastructure.**
- **Institute of Human Virology (IHV) of the University of Maryland Baltimore (UMB), USA:** This Institute provides a good example that would be good to consider for HEARD and UKZN in regard to OHs. We were able to speak with the Associate professor in charge of the global operations so we were able to understand a bit more about their revenue sharing arrangements between the IHV and the UMB School of Medicine. IHV was set up in 1996 as a research, service and training institute. IHV operates domestic projects in the USA and also globally mostly in Africa and a few in Asia and the Caribbean. Outside the US they have more than 400 employees and all these are program/project specific staff. IHV is governed under the university and is an institute within the University. Organizationally they receive administrative support from the School of Medicine where IHV is housed. The University supports the submission of all research and non-research proposals, manages the contract, is responsible for donor and state financial reporting and human resources management (recruitment, payroll, etc.). All the faculty members are part of the school of medicine and university academic structure and are supported in career development, growth and professional advancement. IHV has an agreement with the USA Federal Government on overhead rates to apply on federal funded grants, contracts and co-operative agreements (Nicra). For other funding agencies, they negotiate overhead rates on each award and contract. IHV went through years of negotiations with the university before they came to the current revenue sharing model. The overheads funding is shared between the university, school of

medicine and the IHV based on agreed formula as follows: *For the first \$50M, share at 50% - 50% between the institute and University, for additional amount up to \$10M; The institute keeps 75% of the OH. For anything above \$10M, the institute keeps 100% of the OH.*

- Makerere University (MUK) Uganda:** MUK has various centers and has been able to transform some of their centers into autonomous not for profit organizations but owned by the university. In 2004, in response to the HIV and AIDS epidemic, MUK faculty of medicine in collaboration with Mbarara University set up the Makerere Mbarara Joint AIDS Program (MJAP) which in 2012 became an autonomous NGO owned by MUK. The School of Public Health that is managing most of the donor projects has established a financial management unit but is still under control of the university. Most of the project staff are paid from the donor grants but they get some incentives such as appointments as research fellows or senior research fellows, research associates and others become Honorary lecturers, professors or associate professors who can be called upon to teach and supervise students depending on their areas of expertise. For the faculty staff who work on projects, their salaries are paid by the university with a percentage from grant incomes based on the level of effort. For faculty staff, their positions are not project dependent and their positions remain permanent even if there were no donor funding. In the course of started discussions about the potential structure and set-up semi-autonomous or completely autonomous centers they are studying the Wits Health Consortium and other models to select the best one to consider.

# Annex 20 – Summary of previous recommendations with status updates

Summary of recommendations of previous Evaluation relevant to the Sustainability of HEARD		
MTR 2013	Management response	Status during Evaluation
HEARD should improve the descriptive outline of HEARD's staff in relation to responsibilities and links between project/programme areas with a view to streamlining work flows and limiting overlaps and imbalances.	We support this recommendation, and the organogram will be amended to reflect staff names and titles. We will explore the development of a diagrammatic representation of links between programme and project areas, noting that staff members do not work discretely in one or more area so there will be challenges to achieving this diagrammatically. We will however, seek the assistance of experts in organizational development who have more experience reflecting such nuances in organograms. In addition to reflecting the focal areas that people work on, it will be useful to indicate programmatic and reporting responsibilities. It should also be noted that these roles and responsibilities are attached to individuals and their skills rather than positions.	Ongoing
<b>Diversifying funding:</b> While HEARD has benefited from funding regimes that have included core funding, it is necessary to review and diversify funding approaches. While South Africa specific donor funding is declining, funding support continues to flow to the region, and clarifying HEARD's regional role in relation to potential regional funding sources with respect to capitalizing on such funding flows towards organizational sustainability is necessary.	HEARD has for many years successfully augmented its core funding through extensive consultancy work, competitive grants, as well as through offering training. Moreover, in recognition of the need for HEARD to diversify its sources of funding, senior staff have increasingly committed to identifying and applying for large funding grants. HEARD has started exploring future funding flow trends to the region and	HEARD has started diversifying funding source, SIDA core funding has declined from a high of 82% of total funding to an estimated 68% for 2016. There is also a more diverse mix of donors but there is still room for improvement.

	is reflected in the strategic plan objectives for 2015-2019.	
<b>Clarifying staffing in relation to sustainability objectives:</b> While HEARD has achieved planned outputs, staff are potentially spread too thinly across some objectives. Staff and focal responsibilities should be reviewed with view to increasing capacity for longer-term sustainability.	The development of a diagrammatic representation of HEARD staff roles, research focal areas, and reporting responsibilities (described under Recommendation 3), together with HEARD's re-engagement and consolidation of the research strategy (Recommendation 6) assist our response to this recommendation. Drawing on these activities, HEARD will explore possible means to allow greater specialization among research staff, whether and where this is appropriate, and how greater specialization might better serve the organization's strategic objectives.	HEARD had made progress on this but without adequate funds that are not tied to projects, this remains a challenge. The planned establishment of a Pre-award team led by a director from Jan 2017 is good but can only be sustained if HEARD is able to retain a substantial portion of their OH income.
<b>External Review of Report Sept 2015</b>		
1. As long as HEARD remains a Research Centre within the School of Accounting, Economics and Finance, the panel recommends that attention should be given to the reporting line between the Dean and Head of School and the Director, and ways of involving the School more closely in the work of HEARD.	Has been addressed	The HEARD Executive Director now reports directly to the DVP/Director of College of Law and Management.
2. The panel recommends that every effort be made to find innovative alternative ways of attracting and recruiting staff from the designated groups and in particular female staff.		Being addressed as reflected by the staff mix and currently 60% of staff is female.
3. The panel recommends that HEARD maintain health economics funding as a major research focus, and retain it as an emphasis even within the other three foci.		Health Economics and HCF is still a part of the HEARD strategy.
4. The panel recommends that before launching a PhD in Global Health, extensive formal consultation with other Colleges is needed.		Discussions were still ongoing.
5. The panel recommends that HEARD seek supervision assistance from SAEF or other Schools rather than seek to retain all supervision within HEARD or by using external partners.		There is co-supervision of students from UKZN and it is working well.

6. The panel recommends that the University Research Office consider ways in which policy building research can be more easily recognized, celebrated and rewarded.		The new HEARD strategies have prioritized policy in HEARD's work: 2010 - 2016 and 2014 - 2019 both have Policy as a strategic objective of HEARD.
7. The panel recommends that the DVC Research and HEARD should meet to find an equitable way of charging HEARD's grants for administrative costs incurred by the University and HEARD. The panel considers that the present 17.5% is not equitable, feasible for sustainability, or market-related within their context.		DVP/Director of College of Law and Management informed us that there is room to negotiate this. It is part of our recommendation that the issue of OH sharing should be addressed with immediate effect.
8. The panel recommends that the University allocates a specific legal person to deal with contracts from HEARD and to comply with turnaround times for handling such contracts.		There are no major delays in contract reviews or signing reported by HR. Research collaborators reported delays. Ongoing.
9. The panel recommends that the University Research Office continues to explore ways of streamlining ethics clearance processes especially for commissioned research which otherwise may be awarded to other research agencies.		Ongoing
10. The panel urges that a conversation should be initiated between HEARD and the Registrar and/or the Director of Human Resources on the issue of a more flexible approach to recruitment of specialized staff within the legal parameters.		Ongoing
<b>Challenges brought to HEARD Board in April 2016:</b>	<b>Status as of the time of the SIDA current evaluation</b>	
The UKZN overheads of 17.5%, in addition to HEARD's 2.5% overheads, on HEARD external grants make HEARD's bids more administratively expensive than bids from its key competitors – think tanks, research consultancy companies, NGOs and charitable organizations with a research arm – and therefore less competitive, and less attractive to funders who are unwilling and unused to pay large overheads. These high (from a funder's	Has not been addressed and is part of this evaluation's discussion and recommendations	



perspective) overhead costs inhibit not only HEARD's ability to secure external income, but also limit HEARD's potential for greater knowledge generation, influence and impact – growth on a meaningful level – by effectively thwarting HEARD opportunities for research and engagement.	
The current arrangement between UKZN and HEARD makes the latter fundamentally unviable without the generosity of external core funding. The concern is that donors across the board are in the process of retrenching their core funding commitments. Consequently, HEARD's sustainability must be secured through overheads on external grants and through the financial rewards from 'legitimate outputs', that will enable HEARD to generate a reserve to cover periods of negative income. The challenges for HEARD in generating a reserve are that, firstly, the high UKZN overheads mean HEARD can only add a very small percentage of its own overheads to grants in an attempt to be competitive and to not exceed maximum allowable overheads, as set by funders, and; secondly, UKZN receives all financial rewards related to HEARD staff 'legitimate outputs' and PhD completions, and directs no share of this reward to HEARD, despite both staff and PhD scholarships being externally funded. Yet, there is no indication that UKZN would be either willing or able to shoulder the responsibility of HEARD's sustainability in times of financial difficulty.	Not addressed yet
An immediate concern arising from limited reserves, despite core funding, is the challenge of offering job security to HEARD staff. While core funding may be secured as three-year agreements, income is annual and consequently contracts can only be offered on a 12-month basis. This	All HEARD staff except the research director still have fixed term contracts tied to donor funding availability

<p>means HEARD's high capacity staff leave HEARD for greater job security elsewhere, and it is difficult for HEARD to attract talented individuals. The unfortunate outcome is that HEARD is left with lower capacity staff, and is forced to outsource its more challenging tasks, which is an undesirable and unsustainable way forward.</p>	
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# Annex 21 – SWOT and TOWS analysis

## SWOT analysis

Strengths	Weaknesses
<p>South African-based center with first-hand knowledge of and experience working in the region</p> <p>Flexible, strategically opportunistic management style</p> <p>Committed, optimistic attitude of staff and management</p> <p>Existing relationships with academics, UN agencies, government and SADC officials, implementing firms – and the ability to bridge these distinct sectors</p> <p>Appreciation of research collaborators for guidance, inputs, commitment, and production of scientific publications</p> <p>Sound publication record, particularly relative to staff size</p> <p>Affiliation with UKZN provides an academic grounding and transparent audit processes</p> <p>Highly committed PhDs</p> <p>Successful PhD Programme</p> <p>Staff capacity of HEARD administration</p> <p>PhDs are from African countries, graduates have remained in Africa and are working in research and policy</p>	<p>Financial dependence on core funding</p> <p>Limited budget and low reserves</p> <p>Very limited possibilities to generate reserves</p> <p>High 17.5% UKZN overhead applied on top of direct costs increases proposal budgets, with no financial benefit for HEARD</p> <p>Strong dependence on UKZN administration and procedures, leading to slow administrative processes and delays</p> <p>Limited capacity due to low number of scientific staff, especially senior researchers</p> <p>Overreliance on single researchers for project leads</p> <p>Strong reliance on individual relationships with external stakeholders (Executive Director, SMT)</p>
Opportunities (external, positive)	Threats (external, negative)
Broadening of thematic focus beyond HIV	Donors' shift from core funding to project

<p>Increased emphasis on and funding for implementation science / applied research</p> <p>History of successful partnerships</p> <p>Established networks to clients and organisations</p> <p>Generation of government subsidies for UKZN through HEARD publications and PhDs</p>	<p>specific funding</p> <p>Shift in MDGs to SDGs with less focus on HIV, leading to fewer HIV specific grant opportunities</p> <p>Competition from other Africa based university institutions and NGOs</p> <p>Limited funding sources for policy engagement work, and potential for these sources to compromise independence</p> <p>Fragile economic situation in SA with low projected growth</p>
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### TOWS analysis

	Opportunities	Threats
<b>Strengths</b>	<p><i>How to use strengths to maximize opportunities?</i></p> <p>Apply for funds in Africa and related to relevant topics, focussed on applied research and evidence generation in the area of expertise</p> <p>Apply for regional grants in consortia to broaden the geographical scope</p> <p>Execute strategic dissemination plans for flagship pieces of work</p> <p>Intensify alumni work and use HEARD PhDs for improving linkages to other countries and organisations</p>	<p><i>How to use strengths to minimize threats?</i></p> <p>Continue flexible management and grant acquisition approach with focus on core competencies</p> <p>Broaden scope of topics but keep focused on key areas</p> <p>Continue only selected and prioritized policy engagements to ensure recognition and acknowledgement of expertise</p> <p>Improve dissemination through dissemination plans</p> <p>Develop sustainability plan</p>
<b>Weaknesses</b>	<p><i>How to minimize weaknesses by using opportunities?</i></p> <p>Prioritize activities and engagements</p> <p>Focus on implementation and applied research</p> <p>Negotiate with UKZN for subsidies</p>	<p><i>How to minimize weaknesses to avoid threats?</i></p> <p>Continue fundraising through research grants and projects</p> <p>Broaden scope of topics eligible and relevant for funding opportunities</p>

	<p>revenue</p> <p>Engage more senior researchers</p>	<p>Negotiate for OH rate reduction</p> <p>Continue prioritized outreach to other African countries beyond SA</p> <p>Improve monitoring by gathering less indicators but regularly</p>
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## Evaluation of the Health Economics and HIV and AIDS Research Division (HEARD)

This report presents the findings, conclusions and recommendations from the evaluation of the Health Economics and HIV/AIDS Research Division (HEARD). The main purpose of this evaluation was to assess and analyse HEARD's core support, with a focus on the organisation's prominence in terms of research outputs and their position in influencing policies; and to gauge HEARD's potential to establish itself as a self-sustaining research centre. The evaluation concludes that HEARD is an appreciated and effective institution of regional relevance. Finally, the evaluation report provides some future options for dealing with the long-term challenge of financial sustainability.

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